

# CHEMIST & DRUGGIST

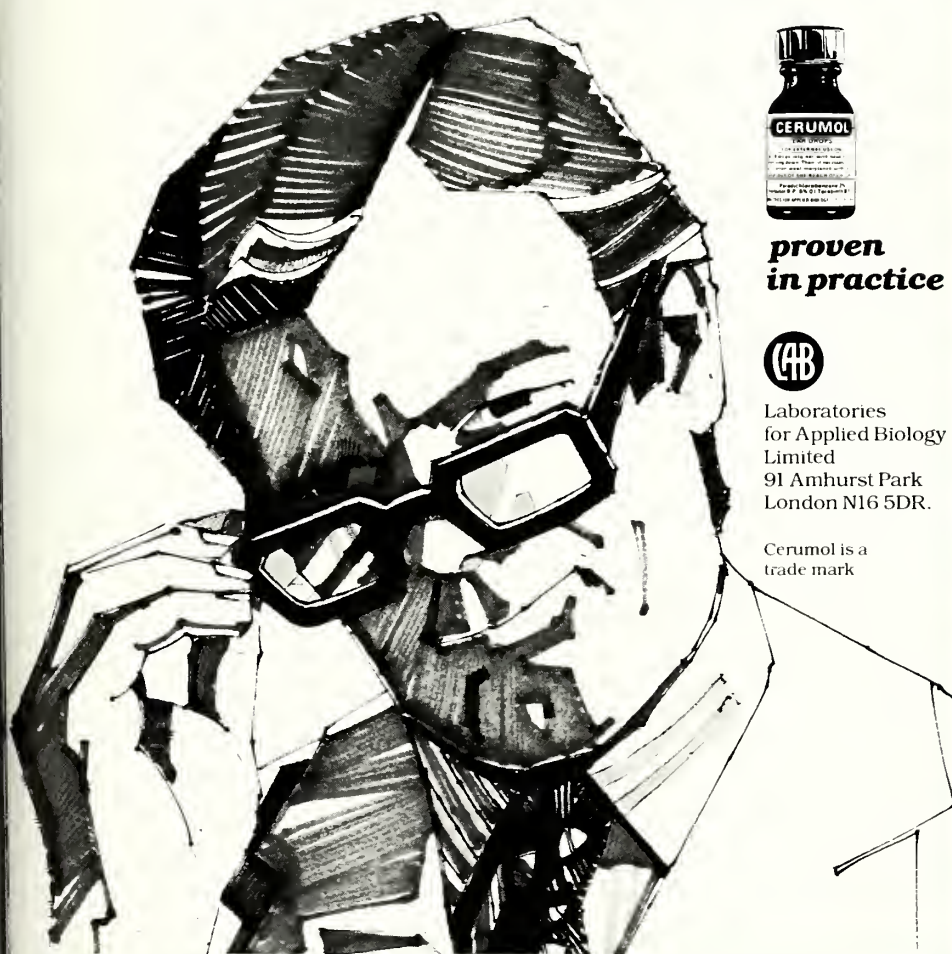
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Body decision

'Let's resolve  
our cosmetics  
differences'

Society issues  
guidelines on  
advertising

A model locum  
agreement

Control of  
drugs taken  
in hospital



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# CHEMIST & DRUGGIST

Incorporating Retail Chemist

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Editor Ronald Salmon MPS

Contributing Editor Adrienne de Mont BPharm MPS

Information services Ivan Cotgrove

Advertisement Manager Peter Nicholls JP

Director James Lear

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### Regional advertisement offices

Midlands 240-244 Stratford Road, Shirley, Solihull,  
West Midlands B90 3AE 021-744 4427  
North east Permanent House, The Headrow, Leeds LS1 8DF.  
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## COMMENT

### TV drug trials

"What price tranquillity"—the television programme transmitted last Thursday (p320) had a large audience, no doubt including many pharmacists. Although by no means the first, and almost certainly not the last programme to deal with, among other things, the thorny issue of indiscriminate prescribing, it nevertheless deserves consideration.

The programme centred on the use and abuse of benzodiazepines and purported to be investigating the dangers of side effects, addiction and withdrawal problems of these drugs. However, for many of those who saw it, the emotive and dramatic presentation would only have been to its detriment, as would the apparently one-sided projection. Ten minutes or so of Barbara Gordon describing her personal addiction hardly constitutes a scientific argument and there was a noticeable absence of an expert who might have contradicted Professor Lader.

But the validity of the facts is still there. 42 million UK prescriptions were issued for benzodiazepine drugs in 1978, accounting for over £40 million of the total NHS drug bill. Undeniably the benzodiazepines have been one of the major advances in drug therapy in the past quarter century. Their usefulness as hypnotics and tranquillisers, anticonvulsants, and pre-medication in surgery and medical investigation are invaluable. Neither must we forget the role these drugs have played in replacing the barbiturates. But 42 million prescriptions a year must surely point to gross overprescribing.

Pharmacists, perhaps more than anyone, are in a position to realise the extent to which these drugs are prescribed—they see the prescriptions pouring in! Whether they can or should do anything to limit the use of these drugs is highly contentious since it is surely up to the medical profession to curb their tendency to use the benzodiazepines as the universal panacea. But the public must also be actively involved and cease to expect a wonder drug to wipe out every social and emotional problem—a more useful role for television, perhaps, than causing unnecessary worry to patients whose well-being may depend upon this useful class of drugs.

Undoubtedly pressure from the public is growing and will continue to do so, to be better informed on the effects, both beneficial and adverse, of the drugs they are taking and few would deny that in the majority of cases this is a good thing. The days of prescriptions written in Latin, blind faith in the wonders of medicine and all the surrounding mystic are gone and although perhaps mourned by some, are best forgotten. They were days when in many cases faith in medicine and prescriber accounted for not just some, but almost all of the claimed efficacy. Today, the need for faith remains, but the drugs are potent and must be treated with respect by an informed patient.

The pharmacist should, of course, be a primary source of such knowledge and the whole profession must be willing to accept the challenge. Unfortunately, however, pharmacists are left behind in the information stakes as the daily media warm to their "exposures" Librium, Valium, Depo-Provera, Debendox in the past week alone! Clearly they need the support of their professional organisations and the manufacturer: they are, after all the industry's front-line troops.



# Department wants more time on Review Body

The Department of Health has still not decided whether pharmacist contractors should have a Review Body.

The Pharmaceutical Services Negotiating Committee was hoping for a decision this week in time for discussion at its meeting on Wednesday. But the meeting was cancelled after the Secretary for Social Services, Mr Patrick Jenkin, wrote to PSNC saying he had not yet completed his "consultations."

The letter reads: "Although I am not yet in a position to reply fully to your letter of January 18 I should like to assure you that we have not been inactive."

"As you will appreciate, consultations with Ministerial colleagues on such matters as possible machinery for the resolution of disputes necessarily take some time to complete. I am sorry not to be able to let you have an answer in time for your meeting on February 27 but I will write again as soon as I can."

The "letter of January 18" refers to PSNC's rejection of the Department's "package" of proposals for implementing the Franks panel recommendations (C&D, January 26, p136).

Mr Alan Smith, PSNC's chief executive, told C&D he was very disappointed that the Department was still unable to give some positive proposals on the major recommendations of the Franks committee which were made as long ago as October 31, 1979. He thought it

completely unjustifiable that 10,000 chemist contractors were overlooked yet Parliamentary time could be found to discuss the report of the Review Body on Top Salaries, dealing with MPs' pay.

The PSNC meeting on February 27 had been cancelled because there was no offer to discuss, Mr Smith continued. The next meeting was scheduled for March 12 but there were provisions for calling extra-ordinary meetings when necessary.

The conference of Local Pharmaceutical Committee representatives on January 27 agreed that PSNC should not send a "sanctions" ballot to contractors until after March 1, the deadline given to the Secretary of State, and then only if the Review Body answer was not suitable. Mr Smith hoped that an answer would have been received by March 12 when the ballot would be discussed.

He added that there had been a very good response from LPCs to the PSNC's request for ideas on sanctions but he could not give any further details at this stage. The sanctions would also be discussed at the next PSNC meeting.

## Scripts returned for endorsement

Many chemist contractors are failing to endorse prescriptions sent for pricing as required by new Drug Tariff rules with the result that prescriptions are being returned by the pricing bureaux, in some cases as many as 300-400 forms, it is understood.

The Pharmaceutical Services Negotiating Committee has analysed the reasons for return and has identified (a) failure to endorse the pack size of proprietary items in part V (D) (this endorsement is called for whether the item is included in list 1 or 2) and (b) failure to endorse the brand name when proprietary products not included in part V (A) or (B) are ordered by generic name.

PSNC points out that the new arrangements are intended to ensure accurate endorsement, and therefore full reimbursement of drug costs to contractors. Details of the endorsement requirements are shown in an appendix to the Drug Tariff second amendment issued in November 1979 (p55).

Contractors are reminded that they will have received the 80 per cent advantage payment on *all* prescriptions submitted for January 1980, including those returned for elucidation.

## Valium 'dangers': complaint to IBA

Roche Products are to make a complaint to the Independent Broadcasting Authority following last week's programme on Thames TV "The price of tranquility".

"It seems to us", said a spokesman for Roche "that the programme did not display the impartiality required by the Independent Broadcasting Authority Act. We fear that its unbalanced presentation of the question of the extent to which benzodiazepines may provoke dependence could well cause unnecessary concern to many thousands of patients under treatment by their doctors".

The programme was about the side effects and problems of addiction and withdrawal of the benzodiazepines. It featured Barbara Gordon, an American television producer, who claimed she was addicted to Valium and suffered terrible effects on withdrawal, and Professor Malcolm Lader of the Institute of Psychiatry, who treats patients experiencing difficulties on stopping the benzodiazepines.

Edward Kennedy's Senate Health Commission on Drugs was also mentioned as they have recently been hearing testimonies on addiction to minor tranquilisers. An article in the *Observer* or *Sunday* entitled "The dangers of tranquility" comments on the growing anxiety about Valium and the dangers of addiction.

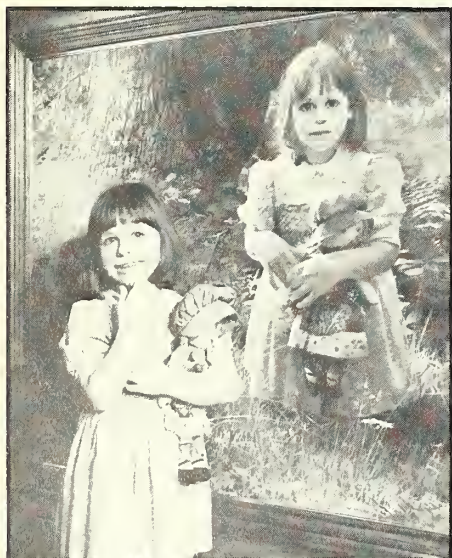
Mr Austin Mitchell, Labour MP for Grimsby, asked the Secretary of State for Social Services last week whether he had any proposals for restricting the dispensing of Valium prescriptions. In a written answer, Dr Gerard Vaughan, Minister for Health, said that a pharmacist was required to dispense whatever was ordered by a doctor on a properly completed prescription form and that he had no proposals to change this arrangement for Valium.

## No appeal for Revlon

Four companies in the Revlon group were refused leave last week to take their application for a court ban on the "parallel selling" of Revlon trade-marked goods to the House of Lords (C&D December 8 p918).

Last October, Mr Justice Dillon refused to grant a pre-trial injunction stopping importers, Cripps & Lee Ltd and wholesalers, Express Wholesale Supplies from dealing in stocks of Revlon Flex shampoo made for the American market in this country. His refusal to grant the ban was upheld by the Court of Appeal in November.

Lord Diplock, sitting with Lord Salmon and Lord Scarman in the House of Lords, refused Revlon Inc, Revlon Suisse, Revlon Overseas Corporation and Revlon International Corporation leave to appeal against the earlier rulings.



Christine Cashman, Miss Pears 1979, with her portrait which she unveiled during a ceremony at the Royal Academy, London. This year's artist was Crispin Thornton-Jones from Craswall, Hereford.



# Society issues 'chemist' advertising guidelines

The Pharmaceutical Society has issued the following guidelines on advertising using the title "chemist":

- The advertising must be for non-professional goods and/or services.
- The use of the word "chemist" is permitted only once in the advertisement whether or not it is part of the registered company or business name.
- The type size of the word "chemist" whether used alone or in a company or business name must be no larger than half the size of the name of the advertiser, and be no more prominent than is necessary for identifying the advertiser.
- No supplementary symbols indicating a professional service must be used in the advertisement.
- The advertisement must not be displayed in a practitioner's surgery, health centre, clinic, hospital or other similar institution.
- The advertisement must be dignified and discreet and not bring the profession into disrepute.
- The advertisement must not otherwise conflict with other guidelines laid down by the Council.

The following constitute the list of professional services offered by a pharmacist: Dispensing of prescriptions, sale or supply of medicinal products for human and animal use, sale and supply of surgical dressings and appliances, sale

and supply of poisons and chemicals, sale and supply of aids to mobility, response to symptoms described in pharmacies—"counter prescribing", hearing aid facilities, pregnancy testing, sale of goods and supply of services where the pharmacist uses his scientific and pharmaceutical knowledge to give advice on health matters.

The Statement upon Matters of Professional Conduct permits advertising or canvassing to promote the sale of veterinary drugs. There is also a temporary relaxation, now under review, applying only to medicines and other products for animal use whereby no objection is taken by the Society's Council to the inclusion in any advertising of: The description "pharmacy" and the title "chemist" provided that, in the case of bodies corporate, the use of the title is otherwise lawful; a reference to the name of the pharmacist who is in personal control of the business; a short factual explanation of the changes in the distribution of animal medicines effected by the Medicines Act.

While the sale and supply of surgical dressings and aids to mobility are part of the professional services of the pharmacist, the Council permits the advertising of the supply of such goods and services provided that no restricted titles are used in the advertisements.

## Pharmacy's beauties 'lost' to profession!

One reason for a shortage of pharmacists on Tyneside may be that the young women graduates are of such marriageable status that they are lost to the profession within two-three years. So thinks Mr Brian Atkins, Press officer for the Northumbrian Branch of the Pharmaceutical Society.

Now over half the new graduates are women, but many of these are of such good looks that they are quickly married and lost to the register for ten or fifteen years says Mr Atkins. He adds that the position of the area itself could also be responsible as there is a shortage of all professional people. They prefer to work in more attractive areas and in a milder climate, he says. Some of Mr Atkins' comments have been reported in the *Newcastle Journal*.

## Damages claim against chemist

Former Conservative MP Sir John Boscawen, QC, has started a High Court damages claim against a London chemist over two bottles of "pills" he alleges were mis-labelled.

Sir John, one of the High Court's best-known barristers, of Hare Court, Temple, London, has issued a writ against J. B. Tillott Ltd. He seeks damages for personal injuries, pain and suffering and loss of earnings. Negligence is alleged over the "mis-labelling" of "pills" prescribed for and supplied to him in January 1978. Sir John was MP for Northwich, Cheshire, 1945-74.

## UCA weekend conference

The Ulster Chemists' Association has arranged a "mini-conference" in the Slieve Donard Hotel, Newcastle, Co Down, for the weekend of Saturday and Sunday, May 3-4.

The function will commence with a formal dinner dance on Saturday night, with a short pre-lunch business session on Sunday. The Sunday afternoon session will be addressed by Mr D. F. Lewis, secretary and registrar, Pharmaceutical Society of Great Britain, on the subject "The future of pharmacy as seen in Great Britain".

The cost will be £28 per head including bed and breakfast and Sunday lunch. As accommodation is limited early application to the UCA office is essential (73 University Street, Belfast BT7 1HL).



Raymond Berkley, MPS, of Capital Health Ltd, Walthamstow, being presented with a cheque for £50 by Mr Brian Arnold, regional sales manager for LR/Wrights. Mr Berkley won a display competition for Durex and Marigold gloves

## Clothier decision 'very soon'

"I hope very soon to tell the medical and pharmaceutical representative bodies the Government's decision on their joint request that the Clothier Committee's recommendations be implemented," Dr Gerard Vaughan, Minister for Health, told the Commons on Tuesday.

The Clothier report set out the procedures to be adopted in disputes between the professions on rural dispensing.

## Sangers boost promotions

Sangers have introduced a revised monthly promotional package of "super-savers" as a development of their Apocaire scheme—which is currently under-going re-examination.

"Supersavers" will offer the chemist 20 major brands at competitive prices and "hard hitting" display material which offers Sangers' customers the opportunity to adopt the selling prices recommended (in which case printed shelf talkers are used) or to set their own (using unpriced talkers printed only with the name of the item on offer). In addition there is a fully-priced "shopping-list" poster.

March offers are on Brut 33, Colgate Dental Cream, Complan, Contour, Cow & Gate Premium, Curity Snugglers, Dr White's, Efferdent, Gillette Foamy, Harmony, Mum, Palmolive soap, Radox, Savlon, Supersoft, Vaseline Intensive Care, Vosene and Wilkinson double-edge blades.

A Sangers spokesman told *C&D* that the new programme is particularly designed to help chemists with the current "flat" trading conditions. It is a more "aggressive" package than has previously been associated with Apocaire and offers not only more competitive prices for the consumer but better margins for the chemist. The Sangers sales force will pre-sell the offers to chemists in advance of the promotional period.



# NPA produces a 'model' locum agreement

The National Pharmaceutical Association has devised a "model" locum agreement, the terms of which have been agreed with the Department of Health.

The NPA's board of management heard at its meeting on January 22 that for many years some members, their locums and local tax and National Insurance inspectors had been locked in controversy over whether individual locums were employed or self-employed. Sometimes inspectors would decide that locums were self-employed for tax and National Insurance purposes and at other times and at other places they would take the opposite view.

In a fresh attempt to settle the matter, the NPA had commissioned counsel to draw up a model agreement which would be acceptable to all parties. This had taken much time and argument as wording acceptable to the authorities might well be too limiting to appeal to proprietors. However, a final draft had been agreed and the Department had expressed approval. It was accepted that the final document might not suit all locum arrangements, but it was the best that could be secured in the circumstances and a considerable advance over the previous intractable position.

The agreement lays down that the locum shall "exercise all proper professional skill and diligence" but shall not be subject to the proprietor's direction or control as to the way he or she carries out the agreed services. The proprietor shall not require the locum to perform any duty concerned with the running of the business "other than the rendering of ..... services as a pharmaceutical chemist and matters strictly incidental thereto." The agreement clarifies that the locum will be considered an independent contractor and be responsible for paying NI contributions and tax as a self-employed person.

Copies of the agreement are now available from Mallinson House at 40 St Peters Street, St Albans, Herts.

## Extension of purchase fund?

The finance committee decided to devote further time next month to discussing the possibility of extending the Business Purchase and Guarantee Fund to guarantee loans to members from banks and finance houses. An analysis of recent trends in NPA membership currently being prepared by the secretary, Mr J Wright, would be available at the meeting.

Discussions with manufacturers had failed to bring any resolution of the considerable losses to members by flu vaccine being promoted and distributed directly to doctors. Although the firms were sympathetic, there appeared to be little prospect of an early change in the Department of Health's attitude. Never-

theless, fresh approaches would be made to the Department.

The board decided that if anyone was to blame for members' losses arising from the recent sharp increases in Glaxo prices—especially Ventolin—it was the Department of Health and the NHS contract rather than the manufacturer. Glaxo's managing director had responded to an NPA approach on the matter by stressing that the increases agreed with the Department had done no more than allow his company to begin to catch up with the increasing costs of raw materials, wages, salaries, energy and research.

The necessary negotiations with the Department had clearly revealed how far behind some of Glaxo prices had fallen, compared with those of other pharmaceutical companies and with the Retail Price Index. The company claimed that it had had long experience of working with colleagues in general practice pharmacy and that it took great pains to ensure that any price increases were announced with their needs in mind.

## Direct selling denied

After receiving a report (since denied) about the possibility of British American Cosmetics becoming involved in direct selling to the public, Avon-fashion, the Board noted with approval that Vichy had reaffirmed their chemist-only policy in the UK. Vichy were also increasing margins on all products, including Equalia, and the Board decided to reaffirm its approval of these products in the pink Supplement.

A reply had been received from the National Federation of Sub-postmasters describing the action it was taking to deter the Government from proceeding with its rumoured plan to increase the intervals between social security payments. The Federation had already written to the Social Services and welcomed the NPA's support.

Members would be informed of the alternative types of "panic buttons" available, which were an inexpensive Post Office "ABC alarm" system at present on trial in Suffolk and Norfolk, or the much more expensive alarm systems available from the usual commercial companies. If, at the end of the Post Office trial in 1982, the ABC system had proved successful, the rest of the country could be covered by 1985.

After examining a proposal from the Glass Manufacturers' Federation that the British Standard for metric medicals be modified, the board decided to re-affirm to the British Standards Institution that pouring lips on dispensing bottles were a user's requirement. It was noted that the Pharmaceutical Society, the PSNC and Boots were taking a similar line.

The Society's approval of the NPA's intention to encourage members to use

child resistant containers routinely for dispensed tablets and capsules was noted. The National Association of Pharmaceutical Distributors would be asked to confirm that adequate supplies of suitable containers were available before the NPA released counter cards worded:—"SAFETY OF MEDICINES. Unless an ordinary container is particularly requested, all prescriptions for tablets and capsules will be dispensed in child resistant containers. Please ask the pharmacist to show you how to use them."

The business services committee noted that the business aids department had had another record year during which business had grown from £820,000 to over £1½ million. The NPA show last June had accounted for some of the increase. Members had benefited in discounts to the tune of £125,500 on equipment and stationery purchases, a figure which represented nearly £14 on average for each pharmacy in membership.

The board noted that subsidised facilities were available from the National Coal Board for making public relations films for showing on local cinema circuits.

The preferential terms on which Price's "Textbook of medicine" would shortly be offered to members were noted and approved.

The training subcommittee approved future plans for continuing the NPA's successful programme of ostomy seminars.

The Board congratulated Mr Rillie who had been designated a Fellow of the Pharmaceutical Society on December 1, 1979.

## Minimum order quantities idea rejected

The National Pharmaceutical Association has decided against laying down minimum order quantities as a guide to wholesalers.

The idea was suggested by C&D's "Xrayser" (January 5, p7) who preferred the idea of minimum order quantities on some counter lines to the practice of charging a premium on splits. "I don't want a minimum order quantity of say, three for all items, particularly costly counter lines, but would suggest the NPA might have some ideas on a minimum line value which would help wholesalers to a reasonably uniform practice," he wrote.

A letter on similar lines was sent by a wholesaler to whom the NPA board of management decided to reply as follows: "Although we are at present torn between what we believe is best for our members and what is actually happening in the real world, it is still very much our policy to do everything possible to maintain resale prices but, being realistic, we recognise that this particular dam has been substantially breached at least for the time being. We also realise that,



through commercial pressures, trading terms are under close scrutiny. It is for each individual wholesaler to decide what his terms should be, but the NPA cannot at present be party to any move by a wholesaler towards stiffening his trading terms by reducing credit, imposing minimum order quantities, reducing delivery frequency or otherwise lowering the level of service available."

The board also rejected the suggestion from a *C&D* subscriber (January 5, p19) that the NPA could produce a form for members to send to their wholesalers, refusing to take part in discount schemes. The form, issued in duplicate, could say: "Please note that I no longer wish to participate in any discount scheme and should like to receive your written confirmation that this is so. Signed....." The replies could then be collated and sent to the Department of Health.

The board decided that insufficient members were likely to participate to make the idea worthwhile.

## New members on BP Commission

Professor J. B. Stenlake has succeeded Sir Frank Hartley as chairman of the British Pharmacopoeia Commission. Professor Stenlake is professor of pharmacy in the University of Strathclyde and has been a member of the Commission since 1963. The new members are: Mr A. C.

Caws, manager, central analytical laboratories (chemicals, Burroughs Wellcome), Mr I. Davidson (head of biological products and standards department, Central Veterinary Laboratory), Dr F. Fish (Dean, School of Pharmacy, University of London), Dr D. Ganderton (manager, pharmaceutical department, Imperial Chemical Industries, Pharmaceuticals Division) and Dr L. E. Ramsay (consulting physician and associate in medicine, department of therapeutics, Hallamshire Hospital).

### Reviewing medicines

Also appointed are the new members of the Committee on the Review of Medicines. These are: Professor J. E. Carless (professor of pharmaceuticals, School of Pharmacy, University of London), Dr Barbara M. Ansell (consultant physician, MRC rheumatism research unit, Canadian Red Cross Memorial Hospital), Professor M. J. S. Langman (professor of therapeutics, University of Nottingham medical school), Professor D. S. Lawson (consultant physician, Glasgow Royal Infirmary) and Dr A. Richens (consultant clinical pharmacologist, Royal Hospital for Nervous Diseases, London).

Generally appointments to Committees established under the Medicines Act are for periods of four years, with half of the members' terms of office expiring every two years. These appointments are for terms expiring on December 31, 1983.

## NEWS IN BRIEF

□ The Dutch chemical industry is estimated to have increased production by 7 per cent during 1979 compared to a 4 per cent rise in 1978.

□ Chemists and appliance suppliers in Northern Ireland during November 1979 dispensed 1,099,452 prescriptions (£3,007,018, representing an average cost (688,950 forms) at a gross cost of of £2.73½ per item.

□ The number of pharmacy closures in January was 39 in England, not 34 as stated in *C&D* February 16; and 22 pharmacies in England opened up. The UK totals remain the same.

□ Fabergé say that price increases published in *C&D* Price Supplement, February 23, are effective from March 3 and not as we were previously informed. *Fabergé Inc, Ridgeway, Iver, Bucks.*

□ The United States Pharmacopeial Convention has introduced a "USP dispensing information" book containing 600 pages of information for professionals who prescribe, dispense and administer prescription and OTC medicines. The book also contain some 200 pages of "advice for the patient" in layman's language. It is available (price \$18.75) from USPC distribution department, 20th and Northampton Streets, Easton, Pennsylvania 18042, as is the 1980 US Pharmacopeia — National Formulary (\$65).



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cold sores**

Your customers trust Bonjela for speedy and lasting relief of mouth ulcer and teething pain. At this time of the year they may need Bonjela for cold sores, too.

Just enough Bonjela to cover a fingertip applied to the sore will relieve the discomfort and help prevent secondary infection. Action within three minutes and lasting up to three hours will ensure satisfied customers and healthy repeat business for you.

**relief at their fingertips**

**bonjela** 

Lloyds Pharmaceuticals Ltd., Reckitt & Colman  
Pharmaceutical Division, Hull



# Depo-Provera makes the headlines

The controversy about Depo-Provera seems to be continuing, despite the decision last week by the Committee on Safety of Medicines not to extend the product licence to include general contraceptive use. An all-party motion was tabled in the Commons this week expressing opposition to any extension of the use of Depo-Provera in the UK before the promised inquiry by the United States Food and Drug Administration.

At present the injection is only licensed for use as a short-term contraceptive agent, although doctors can accept personal responsibility for its general use. Last week the CSM announced that further information was needed before it could offer any advice to the licensing authority. Upjohn say they will endeavour to provide the CSM with the necessary information. They state that Depo-Provera is safe and effective when used at the recommended doses for contraception, and feel it is a disservice to the medical profession and potential beneficiaries that the issue is debated in the political rather than the medical and scientific arena.

## Debendox study 'is still valid'

Professor Richard Smithells' study on Debendox birth defects in Liverpool and Leeds in 1975 is still valid, according to a spokesman for Richardson-Merrell, UK. The survey showed that the proportion of birth defects associated with mothers who were prescribed Debendox during pregnancy did not differ significantly from that for birth defects overall.

An article in the *Sunday Times* this week stated that Professor Smithells admitted his study was "useless" in the Florida court where he was giving evi-

dence on behalf of Richardson-Merrell. The company is being sued by Betty and Michael Mekdeci on behalf of their five-year-old son, David, who was born with limb and chest deformities. According to the *Sunday Times*, Professor Smithells said his study would have been useless if Debendox had been available over-the-counter in 1975, which in fact it was.

But Richardson-Merrell UK say that from all the information in their possession they are satisfied that since its introduction in 1958, only an insignificant quantity of Debendox, if any at all, had been taken by pregnant women other than on a doctor's prescription. Therefore, in their opinion, the comparisons made in Professor Smithells' survey in 1975 remain valid.

## Labelling proposals for special foods

New food labelling proposals include special requirements for foods with particular nutritional uses, such as those intended for babies and diabetics.

The food would have to be prepacked and its name accompanied by an indication of its nutritional characteristics. The labelling would have to describe those aspects of the food's composition or of the manufacturing process used which gave it these characteristics. With baby-foods, the name need only state the intended purpose and not the nutritional characteristics, although this provision would be included at a later date. An "energy statement" would have to indicate the number of kilojoules (or kilocalories) and the amount of carbohydrate, protein and fat there were in each 100g or 100ml of foods containing 50 kilojoules (12 kilocalories) or more per 100g or 100ml.

These new labelling Regulations would replace the Labelling of Food Regulations 1970 and would implement the EEC Food Labelling Directive. Most packaged foods would have to carry a date-mark and, although the Regulations would come into effect on January 1, 1983, foods which keep for over 12 months would not need to carry a date-mark until two years later.

## Increase in licence fees proposed

The Department of Health is proposing to increase Medicines Act licence fees in September.

The proposed fees are (present amount in brackets): Product licence—higher alternative amount £2,750 (£2,500), standard £200 (£150), lower alternative £40 (£25); manufacturer's licence—manufacturing £130 (£100), assembly £65 (£50), storage £15 (£10); wholesale dealers licence—storage £15 (£10), import (premises) £65 (£50), import (storage) £15 (£10); clinical trial certificate £200 (£150); animal test certificate £200 (£150); export certificate £5 (£4).

The level of capital fees has not been changed since September 1978 and the new charges are intended to reflect the estimated inflationary increases over the two years. Comments on the proposals should be sent to Mr A. W. Blake, Room 407, Department of Health medicines division, 33 Finsbury Square, London EC2A 1PP, or—if after March 28—to Room 1023 Market Towers, Nine Elms Lane, London SW8 5NQ.

## IPMI council—three names needed

Two members of the Institute of Pharmacy Management International's council—Mr G. B. Green and Mr E. H. Jensen—retire this year but are eligible for re-election.

There is one more vacancy on the council and nominations of Institute members for election should be sent in writing, together with the written acceptance of the nominee, by March 26 to the secretary, Mr Stanley Durham, 42 Fossdale Road, Sheffield, South Yorkshire S7 2DA.

The election will take place during the Institute's annual meeting at Acton Hotel, Kinsale, Eire, on March 30, at 4 pm. If there are more nominated pharmacists than vacancies, scrutineers will be appointed by the meeting to count the votes of the members present.

**OPAZIMES ARE COMING**  
**OPAZIMES ARE COMING**  
**OPAZIMES ARE COMING**  
**OPAZIMES ARE COMING**



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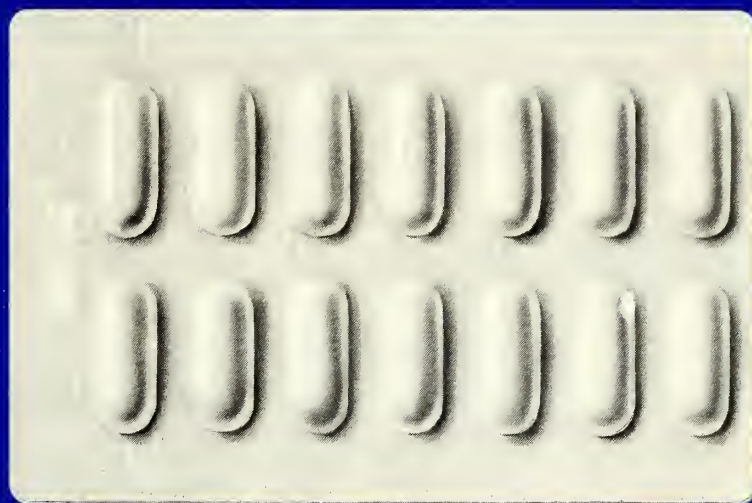


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FROM CURIOUS  
CHILDREN*

*PUNCH-OUT  
BLISTERS  
HELPS PATIENT  
REMEMBER HER  
DAILY DOSE*



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*SIDE VIEW*



7mm

*ACTUAL SIZE*

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Fefol, the effective iron and folic acid supplement is now more easily dispensed, competitively priced and simple for the patient to comply with. Available as a 2 x 14 blister pack and a special hospital pack.

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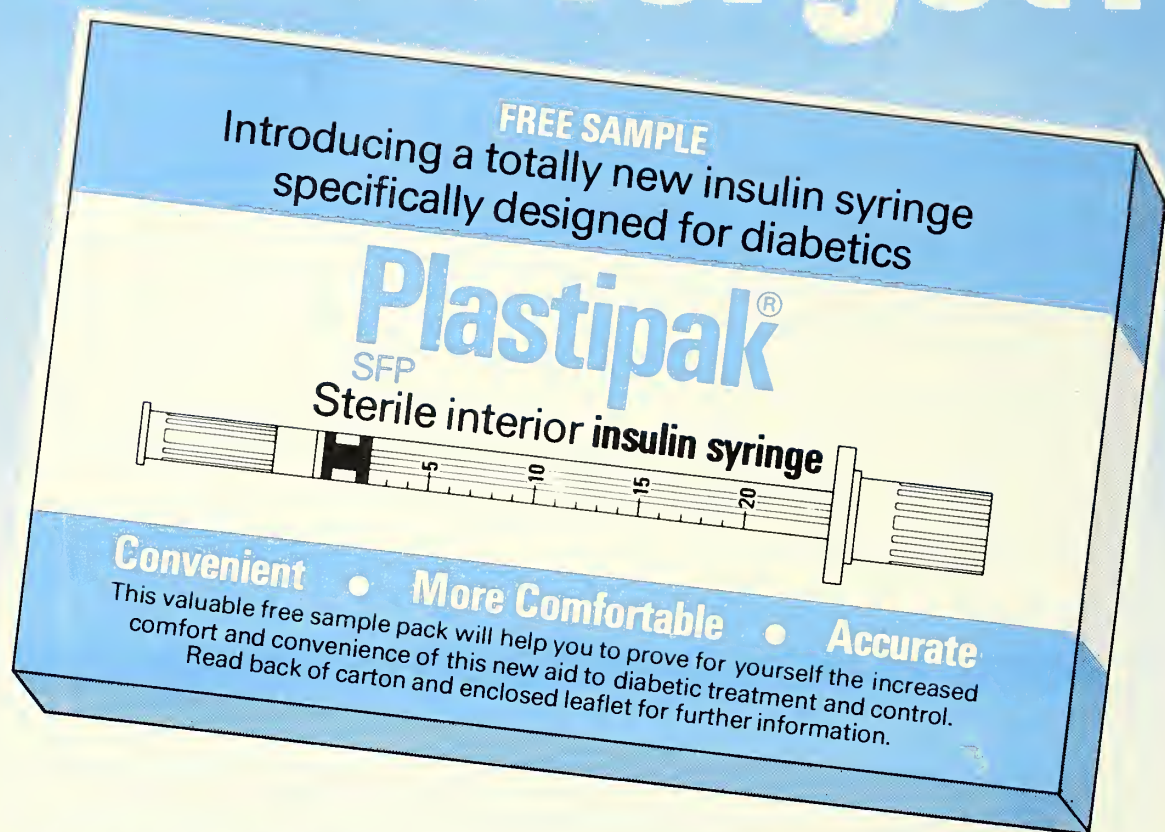
**SK&F**  
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Further information available from Smith Kline and French Laboratories Limited.  
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1/VIT-AD300



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New syringes, a lot of diabetics  
want to use them all the time.  
**SO THEY BUY THEM FROM  
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**Mr William Edwin ("Ted") Walton, FPS**, has retired after over 25 years as secretary of the Pharmaceutical Society's Bromley Branch. At a dinner last week, Mr A. G. Mervyn Madge, member of the Society's Council, presented him on behalf of the branch with a French chiming clock and a plaque of the Society's coat of arms.

Mr Walton, who qualified in 1936, opened a pharmacy in Penge in 1949. Since then he has spent nine years on the local council, twice being its chairman, and has been a JP in Bromley for 16 years. His pharmaceutical activities have included being branch chairman for two years, and a former chairman and secretary of the Society's South East England Regional Committee. He is also a member of the South East Thames Regional Health Authority. Five years ago he was designated a Fellow of the Society for services to the profession. Mr Walton, who lives in South Croydon, retired from business two years ago but still does occasional locum work.

**Councillor Bernard Porter, FPS**, is to become mayor of Canterbury in May. He previously held office in 1966 and 1967, and was the first deputy mayor of the present re-organised council in 1974. Councillor Porter owns two pharmacies in Canterbury.

**Mr S. H. Iveson**, branch manager of Unichem's Exeter branch since 1976, has been forced to retire prematurely through ill health. Mr Iveson joined Unichem as assistant manager to the Leeds branch in January 1970 and in 1972 was promoted to branch manager at Kingston where he pioneered Unichem's service to West Country pharmacists. Mr Iveson was presented with a retirement cheque by Mr Michael Frith who praised him for his contribution to the company's success.

## Deaths

**Thornett:** Mr Walter Harwood Thornett, MPS, of Westbrook, Margate, Kent. Mr Thornett registered in 1928 and was manager of the Boots branch in Margate for 26 years.

# TOPICAL REFLECTIONS

by Xrayser

## Sales down

"Thank God for that!", I thought as I read in last week's Counterpoints that sales of cold remedies have fallen behind target and there was a 15 per cent decline in the number of packs sold. Don't get me wrong, I'm not pleased that sales have dropped nationally by such a large percentage—just relieved that the inexplicable decline in such sales in my shop, which was giving me kittens, and had me wondering what I had done wrong, was not due to a sudden local antipathy to me, but is general. I can confirm too that sales of Medinite have died in comparison with others. (Have Vicks forgotten to advertise this year?)

But for me the effects of a winter, so far remarkably free from epidemics of 'flu and colds, have also included, a decline in the number of scripts compared with the same months last year. The increased charges have taken their toll too, while the thought of a further substantial increase in charges inspires a certain queasy apprehension. It is my impression that since Christmas my customers have had a marked reluctance to part with their money for anything other than basic need commodities and half-price offers. Money is always tight in February, but this year seems different, for to my eyes the town centre stores also look very quiet indeed, with assistants lolling listlessly in centrally-heated boredom, while customers appear to be "Just looking". I hope I'm wrong.

## Branch reps motions

Close on the heels of the LPC conference we have the next annual pharmaceutical junket, this time the Pharmaceutical Society branch representatives meeting, where probably the same people will discuss an agenda of no fewer than 32 motions! While I would hardly go so far as the Dudley and Stourbridge Branch—which suggests the meetings should be discontinued—I can't help feeling that they make a good point in wanting to dismiss from our calendar an occasion known for its trivia. Once more I would advocate that the Council give a much stronger lead to discussion by asking for views on particular facets of our calling, the subjects to be debated being decided after initial correspondence with the branches. In that way a conference of greater depth might be achieved and the Council would have a clearer idea of what is expected of them. The current diffuse range of subjects can receive no justice and can only be rubber-stamped or thrown out because the pressure of time rules out proper examination.

For myself however I would not like to see the meeting abandoned, merely disciplined so that for example, motions 6 and 7 (Plymouth) concerning a widening of the range of medicaments available to us for counter prescribing, and the preparation of a guidance manual for the counter prescribing pharmacist, would be given the whole morning for discussion. We don't want windy opinionising, but something like a working party where speakers, already knowing the subject to be discussed, would be expected to contribute positively. In the case above, representatives should have brought lists of items they considered suitable for us to give patients, the meat of the matter being worked out on the spot, not left to some poor committee to sweat over and lose a year later.

## Cold catching

We may not have caught many colds this winter, but if the never-ending proliferation of suntan preparations doesn't level off soon, quite a few of us, and some manufacturers will be sniffing at the end of the season. I state quite boldly that I am only going to stock *three* brands this year—Ambre Solaire, Skol (left over from last year) and Nivea. Oh, and a bit of Bergasol since it's always SOR . . . and that new twist-top multigrade one . . . and a wee bit of Cupal's own since the rep is a friend of mine . . . and Cool Tan . . . and. . . Well, I started to think about stock control. Must have caught the sun—my ears seem to be burning. . . .



# COUNTERPOINTS

## Contour lightweight razor to be launched by Gillette

Gillette UK are launching the new Contour lightweight razor on March 1. This, the company says, will provide retailers with two profit opportunities, firstly at the existing prestige end of the market with Contour in its present form (now to be known as Contour deluxe) and secondly with Contour lightweight which will bring the benefits of Contour twin-blade shaving to many more customers for the first time.

It is hoped that the Contour lightweight razor (£1.25) with two cartridges will bring the Contour system within the reach of many more consumers. Gillette research shows that many purchasers of shaving systems are in younger age groups and the company has decided that, rather than cut the price of the existing razor, they will produce a lightweight version which still offers the twin-blade swivel-head system, but at a lower cost.

David Geddes, marketing manager of Gillette shaving division, says: "One of our jobs in Gillette marketing is to encourage as many people as possible to use our high performance shaving systems. By persuading as many consumers as possible to continue to buy our blades

we strengthen the shaving market as a high profit area for retailers".

The company claims that since the launch in October 1978, Contour has strengthened Gillette's twin-blade shaving base, without affecting G11 and Gillette disposable sales.

Gillette shaving division is spending over £70,000 on a Press campaign in the *Sun*, *Mirror* and *Daily Record* which explains the principles behind the Contour razor system.

Under the headline "Gillette Contour does for shaving what independent suspension did for driving", the advertisement shows how the swivel-head razor adjusts to the contours of the face using two blades. The Gillette Contour Press advertisements will also feature a 50p off introductory coupon which can be redeemed against the purchase of a Contour razor before April 30.

The Press campaign runs prior to the first part of a spring television advertising campaign for the brand.

This year it is estimated that over £1.8m will be spent advertising Contour and G11 on television and in the Press. *Gillette UK Ltd, Great West Road, Isleworth, Middlesex.*

## Unichem offers

From March 3-31 Unichem are running a "Spring savings" promotion in which nine chemists' lines are on offer to members at discounted prices. A window poster with the "Spring savings" theme will be available.

The items on offer are as follows: Bic disposable razor, Brut 33 antiperspirant and deodorant, Colgate Dental Cream, Elastoplast Airstrip, Elastoplast stretch fabric, Johnsons baby powder, Kotex Simplicity, Radox salts, and Style. *Unichem Ltd, Crown House, Morden Surrey.*

## Philips trade-in offer repeated

Philips are repeating their Philishave trade-in offer. The promotion, which runs from March 17 until May 3, offers £5 off a new triple headed rotary action Philishave. Consumers are invited to trade-in any mains or battery operated shaver, working or not, during this period.

This offer has, it is claimed, for the past two years drawn a huge consumer response. Heavyweight advertising will support the promotion throughout its seven week run. This will include a new 30 second national television com-

mercial, POS material and a campaign in the *Sun*, *Daily Mail*, *Daily Express*, *The Star*, *Daily Telegraph*, *Belfast Telegraph* and *Glasgow Daily Mail/Record*. *Philips Small Appliances, City House, 420 London Road, Croydon CR9 3QR.*

## NPA promotion

NPA's March promotions include counter bags, Nusoft rubber gloves, washing up liquid, pine disinfectant, bleach, floor and wall cleaner, cream cleanser, fabric softener, Flash, toothbrushes and combs, Nucross glucose, methylated spirit, Hanx mansize tissues, Nusoft 50s 3ply tissues, toilet rolls, twinpack kitchen rolls and Nuhome aluminium foil. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wiltshire BA12 9JU.*

## Sea Legs marketing

From March 3 Sea Legs will be marketed and distributed by Farley Health Products Ltd, Torr Lane, Plymouth, Devon. All orders and inquiries should be directed to Farley Health Products who will also be responsible for returned goods and credit in respect of Sea Legs. Until early August the product will however appear in the DF livery, after which it will be superseded by a FHP pack. *Farley Health Products Ltd, Torr Lane, Plymouth, Devon.*

## Interlabs' acquire Collis Browne's



Collis Browne's mixture has been acquired by International Laboratories Ltd, who are planning a "strong return to active promotion" for the product.

Advertising worth £100,000 will be appearing in the *Daily Mirror*, *Sun*, *Daily Mail*, *Daily Express*, *Daily Telegraph*, *Sunday Mirror*, *Sunday People* and *News of the World* from May to March 1981. The advertisements will concentrate on the product's use in relieving the "discomforts of diarrhoea". *International Laboratories Ltd, Wilso Road, Alton, Hants.*

## ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

**Alberto free and natural:** G

**Alka-seltzer:** All areas

**Ayds slimming plan:** All areas

**Babettes:** All except E

**Balance:** M, Lc, Y, NE

**Carefree:** All except A

**Clearasil Clearguard lotion:** All areas

**Cow & Gate babyfoods:** All except U, E

**Crest toothpaste:** Lc, Y, Sc, WW, NE, A, G

**Farley rusks:** All except E, CI

**Harpic Jet:** Ln, Y, So, A, B, NE

**Head & Shoulders:** Ln, Y, WW, U, We

**Heinz babyfoods:** Lc, Y, Sc, So, NE, G

**Matey:** All areas

**Johnson's baby powder:** All except L

**WW, So, B, E, CI**

**Johnson's cotton buds:** All except U, E

**G, E, CI**

**Paddi Pads:** All areas

**Reply mouthwash:** So

**Sanilav:** U, WW, B, CI

**Slinguard:** All except E, CI

**Snugglers:** All areas

**Vespre:** All except A

**Wondra:** Y, NE

**Zac baby cream:** Lc



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In return, we'll send you **FREE** our monthly **BDC Times** which is packed with hundreds of Special Offers, all in stock at BDC—your Electrical Wholesaler. What's more, we'll send you our **free BDC Book of Domestic Appliances**.

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Name .....

Position .....

Company name and address .....

..... Tel. No. ....

CD 1/3





# COUNTERPOINTS

## New cosmetic pack for J & J cotton buds

Johnson & Johnson are introducing a new cosmetic pack for cotton buds. The new pack (£0.95), which contains 120 cotton buds, is of pale blue plastic with a see-through lid designed for dressing table and bathroom use.

To support the launch at POS, a counter display unit which holds 12 cosmetic packs is available, and customers can help themselves to a free "make-up hints" leaflet. A compact nine pack display case is also available.

In addition, Johnson's cotton buds will be advertised in most television regions in March and April. The campaign will feature the cartoon character, Johnson Junior, in two new commercials. *Johnson & Johnson Ltd, Slough.*



## Vestric spring

Vestric offer their customers during March a spring deal on three Combe International products—Odor Eaters, Grecian 2000 and Lanacane. Extra bonus rebates are available on these counter lines.

Other Vestric promotions in March are: Brut splash on; Tender Touch; Lil-lets; Colgate toothpaste; Harmony hairspray; Cream Silk; Wilkinson D E blades; Angiers junior aspirin; Johnson's baby lotion; Curity Snugglers; Kleenex chiefs; Kleenex boutique; Kotex New Freedom; Kwell's and Feminax. *Vestric Ltd, Chapel Street, Runcorn, Cheshire WA7 5AP.*

## Superdent marketing

Bayer UK will no longer be responsible for marketing Superdent denture cleansers. All trade inquiries should now be directed to the manufacturers *E. R. Holloway Ltd, Lavenham, Sudbury, Suffolk (telephone Lavenham 247000).*

## Radox update with new pack design

Radox bath salts are to be repackaged and reformulated in the first major update for over a decade. Additional herbs and mineral salts, updated fragrances and a new pack design are all part of the new-look Radox.

Research is claimed to have shown a warm response to the natural, fresh appeal of herbs so Radox has been further enriched with witch-hazel, horse-chestnut, rosemary, hops and camomile. For the first time Radox also includes Atlantic sea salt, said to contain minerals and natural trace elements.

The appeal of Radox is attributed to

its three fragrances, cologne, pine and bouquet. The reformulation is further claimed to result in a fresher, more aromatic range of fragrances.

Completing the facelift for the bath salts is restyled packaging. The three fragrances are now differentiated by their own pictures printed in the appropriate colour: a blue sea scene for cologne, green forests and hills for pine and pink country fields for bouquet. The Radox logo has also been updated. *Nicholas Laboratories Ltd, PO Box 17, 225 Bath Road, Slough SL1 4AV.*

## Evans kaolin sed

On March 3 Evans are introducing a 200ml counter pack (£0.35 trade) and 2 litre dispensing pack (£2.63) of kaolin and morphine mixture BPC, BNF, formulated with sterile kaolin. *Evans Medical Ltd, 891 Greenford Road, Greenford, Middlesex UB6 0HE.*

## PRESCRIPTION SPECIALITIES

### INSTILLAGEL

**Manufacturer** Farco-Pharma GmbH, Cologne 80, West Germany

**Description** Sterile gel in disposable syringes containing lidocaine hydrochloride 2 per cent and chlorhexidine gluconate 0.05 per cent. Each syringe is contained in a sterile transparent plastic sheath

**Indications** Catheterisation, cystoscopy, exploratory and intra-operative investigations, exchange of fistular catheters, protection against iatrogenic damage in the rectum and colon and for use during gynaecological investigation

**Dosage** See manufacturer's recommendations

**Contraindications** Should not be used

in patients hypersensitive to amide-type local anaesthetics

**Packs** 6ml and 11ml disposable syringes

**Supply restrictions** Prescription only

**Issued** March 1980

## NEUSULIN, NEUPHANE and NEULENTE insulins

**Manufacturer** Wellcome Foundation Ltd, Temple Hill, Dartford, Kent DA1 5AH

**Description** Three purified, neutral, bovine insulin preparations. *Neusulin* is a clear solution of crystalline insulin with a pH of  $7.15 \pm 0.55$ . *Neuphane* is a cloudy suspension of an insulin/protamine complex and *Neulente* is a suspension of crystalline insulin consisting of three parts semilente and seven parts ultralente insulin. Both have pH ranges of  $7.2 \pm 0.3$ . All three preparations are available in strengths of 40 and 80 units per ml

**Indications** Management of diabetes mellitus

**Dosage** The daily unit dosage is determined by the physician. *Neusulin* is administered by subcutaneous, intramuscular or intravenous injection. After subcutaneous injection the onset of action occurs within 30-60 minutes, with an overall duration of action of approximately 6-8 hours. *Neuphane* and *Neulente* are given by subcutaneous or intramuscular injection and should be mixed by inverting the vial several times before use. After subcutaneous injection the onset of action occurs within two hours and the duration may extend to 28-30 hours. With all three insulins the intramuscular route gives a more rapid onset and a shorter duration of action.

**Contraindications** Hypoglycaemia is an absolute contraindication. For treatment of overdosage see manufacturer's recommendations. Mixing of *Neulente* insulin with other insulins in the syringe is not recommended except on medical advice.

**Packs** 40 unit/ml 10ml vials (£2.07 trade) 80 unit/ml 10ml vials (£3.81 trade)

**Supply restrictions** Pharmacy only  
**Issued** March 1980

## Fefol blister pack

A blister pack of Fefol Spansule capsules is being introduced. It will consist of 28 capsules packed as two blister strips each containing 14 (£0.64 trade) and will replace the existing Securitainer of 30 capsules. The Securitainer of 250 capsules continues to be available (£4.98 trade). *Smith, Kline & French Laboratories Ltd, Welwyn Garden City, Herts.*





# CASH & CARRY

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TOTTENHAM, N.15

**SPECIAL OFFERS PERIOD 3 3rd MARCH - 28th MARCH**

## SNUGGLERS

TODDLER SIZE CASE OF 12  
SELL AT 1-49  
MAKE 18% P.O.R.

**14.63**

NEWBORN SIZE CASE OF 12  
SELL AT 1-09  
MAKE 20% P.O.R.

**10.46**

## EUCRYL SMOKERS

75GM

**4.35**

PER CASE OF 24

## HEAD AND SHOULDERS

SUPER 300GM CASE OF 6

**4.50**

SELL AT 1-08  
MAKE 20% P.O.R.

## ELASTOPLAST AIRSTRIP

LARGE (7921)  
PACK OF 12

**3.32**

MEDIUM (7920)  
PACK OF 12

**2.12**

## SAVLON LIQUID

500 ML  
CASE OF 12

**5.20**

250ML  
CASE OF 12

**3.22**

LONDON &  
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SPECIALIST CASH & CARRY

COME AND SEE OUR FULL RANGE  
OF TOILETRIES, HEALTH AND  
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ALL AT DISCOUNT PRICES.

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Wed - Fri 8.30 am. - 5.00 pm.

Thurs (Late Night)  
8.30 am. - 7.30 pm. N.B. Last  
customer admitted one hour  
before closing.

## AGREE CONDITIONER

200ML P/M 49p  
PER DOZEN

**3.35**

100ML P/M 73p  
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150ML + 25%  
EXTRA FREE

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PER CASE OF 12

## WOODLEIGH GREEN SOAP

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## COLGATE

FAMILY SIZE  
CASE OF 24

**8.10**

LARGE SIZE  
CASE OF 36

**7.15**

## TENDER TOUCH COTTON WOOL

ECON. ROLL  
CASE OF 30

**11.50**

PLEATS  
CASE OF 36

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**ALL PROMOTIONAL OFFERS**

**SUBJECT TO AVAILABILITY AND VAT WHERE APPLICABLE**

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# COUNTERPOINTS

## Sunsilk haircare range set for spring relaunch

Elida Gibbs' Sunsilk range is said to be set to steal the hair care scene in 1980. Claiming sales 50 per cent greater than its nearest competitor, the company is poised to increase its dominance of the market through the relaunch of the entire range this spring. It is the first time the entire Sunsilk range has been relaunched simultaneously.

Sunsilk's turnover in the past 10 years has grown from £7.3m in 1970 to a projected £26.4m in 1980, representing an increase in volume terms of over 50 per cent. The four hair care markets—hair-spray, shampoo, setting lotion and conditioner—will be worth an estimated £175 million in 1980.

"Constant research and development has kept Sunsilk one step ahead of its competitors ever since the shampoo, the first product in the range, was launched in 1954," says marketing manager, Sascha Haunold. "Since then we have continually launched innovatory new products which have helped to build the brand to its present number one position. Our reasons for a major relaunch of the brand in 1980 are two fold.

"First, a greater awareness of and desire for products which really work. And secondly, a trend among women to a softer, more feminine lifestyle which is reflected in their hair styles. These changes in attitude are affecting the hair care market. Shampoos, for instance, are expected to do more than just clean hair beautifully. They must now promise some extra benefits, for example, mildness, anti-dandruff or pH balance."

New Sunsilk has been developed with all these factors considered. The result is said to be a totally new Sunsilk which fulfills the needs of women in the eighties.

The four new shampoos are Sunsilk shampoos for normal, dry, greasy hair and also for frequent use.

The shampoos are said to have been made thicker and richer. Perfumes have been developed which leave a fresh clean fragrance on the hair after shampooing. Most importantly, the special blends of cleansing and conditioning ingredients have produced four effective shampoos, tailored to each hair type.

Major improvements are also claimed to have been made to the three other products in the range. Sunsilk deep action conditioner, the company says, is now 99 per cent oil free and has an improved perfume, with variants for dry, normal, greasy and fine flyaway hair. Sunsilk setting lotion is said to have better resin which improves perfume perception and will broaden its appeal to new users.

Sunsilk hairspray has an improved

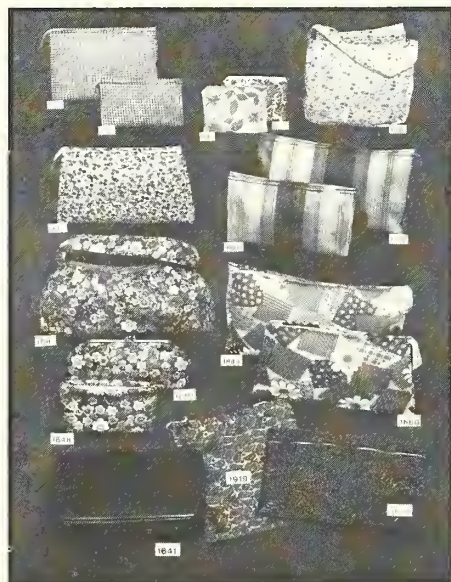


valve to make the spray softer and finer. Secondly, a new resin has been introduced which eliminates the typical hairspray smell.

The final change is the packaging. Consumer research results are claimed to show that 84 per cent of women preferred the new packaging to the old.

Elida Gibbs will be spending £2m on advertising Sunsilk during 1980 on television and in the women's Press. Each product in the range will be featured with each shampoo advertised separately. In addition, 10 million 5p-off coupons featuring the new range will be delivered door-to-door.

"We are so convinced of the success of new Sunsilk that we will be spending £5.3m to support the brand in 1980 and we expect this to be rewarded handsomely by sales of over £26m at RSP," says Sascha Haunold. *Elida Gibbs Ltd, PO Box 1DY, London W1A 1DY.*



Additions to the Portia toilet bag range for 1980, with the accent on fabric bags and pouches. Most are available in small groups of matching sets (£0.45 to £3.25). *Solport Brothers Ltd, Portia House, Goring by Sea, Worthing.*

## Prontoslip a new all-in-one nappy

Norpharm are introducing Prontoslip, an all-in-one disposable nappy pant (12 day-time size, £1.31; 10 toddler size, £1.43). The nappy is said to be slightly more absorbent than similar products and is being aimed towards retail pharmacy outlets. *Norpharm, 114 High Street, Gorleston, Norfolk NR31 6RE. Distributors C. R. Crosskill & Sons Ltd, Calvert Street Works, Norwich, Norfolk NR3 1BL.*

## Paddi Pads on national television

Robinsons of Chesterfield start a national television campaign for Paddi Pads at the beginning of March.

The campaign will run continuously for 12 weeks from March 3 until the end of May.

Robinsons of Chesterfield claim regional success test in the Southern and Anglia areas with sales rocketing an estimated 50 per cent. *Robinson & Sons Ltd, Wheat Bridge, Chesterfield.*

## Lilia promotion of two towels free

For the next four weeks Lilia-White are promoting new stick-on Lilia in a 12 towel pack flashed "Two towels free". *Lilia-White Ltd, Alum Rock Road, Birmingham B83DZ.*

## Geminesse conc.

Geminesse is now available as a fragrance concentrate (£1.75). In a glass bottle with a burnished gold cap, the concentrate is described as a sophisticated blend of florals and fresh greenery, and will be available from the end of March. *Max Factor Ltd, 16 Old Bond Street, London W1A 3AH.*

## Topex on the shelf

A Topex shelf strip with the catch-line "Try the Topex five-day test" will be available to independent chemists until the end of March. *Richardon Merrell Ltd, 20 Queensmere, Slough, Berks.*

## Seatone discount

New Era Laboratories report that following discussions with McFarlane Laboratories, the New Zealand manufacturers of Seatone, they are now able to offer wholesalers normal discount. Wholesalers should contact Mr Peter Rule. *New Era Laboratories Ltd, 39 Wales Farm Road, London W3 6XH.*



# CASH IN ON THE VASOGEN 6-WAY BONUS

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- **FREE CUSTOMER INFORMATION LEAFLETS**
  - **BABY CLINIC PROMOTION**
  - **BABY CLINIC POSTERS & LEAFLETS**
  - **COMPACT DISPLAY SALES OUTERS**

Since the major re-launch campaign last year, Vasogen sales have gone from strength to strength. The 1980 promotional programme using 'Mother & Baby' magazine and clinics, will create even more demand throughout the year.

**DON'T miss out on extra sales profit.  
GET your bonus package NOW!**



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# 15 MILLION WOMEN ARE NOW FACED WITH NEW EVIDENCE

15 million women are now about to be faced with the facts about new Evidence, the remarkable range of skincare products from Beecham Skin Care.

## Advertising campaign to reach 15 million women

In a campaign covering the women's press and national dailies we'll be running full page advertisements, teaser advertisements and direct response advertisements. There will also be a national radio campaign.

In addition to this wide coverage, we'll be giving away nearly 2 million double sachets of Evidence Moisturiser and Cleanser free with Woman's Own in April. This will be linked with one of the biggest Cash Refund Offers ever.

The advertising will reflect the confidence Beecham have in the product.

In tests our scientists have proved that Evidence works and that it offers a woman the *certainty* of caring for her skin more effectively.

Which is why our advertising can be explicit and say "No woman over 25 should ignore new Evidence" and "Evidence works—it'll show in your face."

## Evidence is totally unique

Evidence is the only moisturiser with a barrier that can *protect* the skin from the harmful ultra-violet A and B rays which are present in all daylight.

Evidence is unbeatable at *preventing* the natural moisture which already exists in the skin from escaping.

Evidence is extremely light and smooth to use. It has a *non-greasy* texture and is easily absorbed by the skin.

Evidence is the first cleanser that not only cleanses the skin but also *refreshes* it at the same time.

Evidence cleanser enables the dirt and cleanser to be wiped away in one action.

Evidence is not just a new cleanser it also gives a totally new *feeling* of cleanliness.

## 2 million trial samples

Now that 15 million women are reading all about new Evidence and 2 million are receiving trial samples, they'll be coming back for more.

Be ready. Contact your Beecham Scott and Bowne representative now for your stock and trial size packs. New Evidence works—your sales will prove it.

**New EVIDENCE from  
Beecham Scott & Bowne  
the chemist specialists**





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*You'll find these, and many more important facts in the new Time Assurance Personal Pension Guide. A refreshingly simple and easy to understand booklet explaining everything you need to know about Personal Pension Bonds, tax benefits, guarantees, etc. You can have a copy free, together with a personal illustration, with no obligation simply by filling in and posting the coupon. No stamp needed.*

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The Personal Pension People





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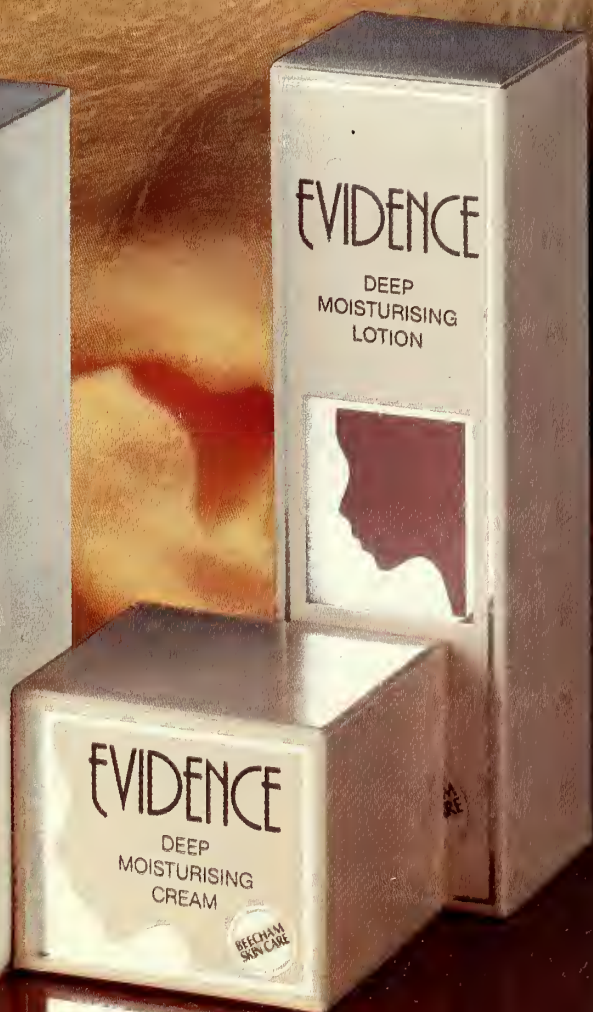
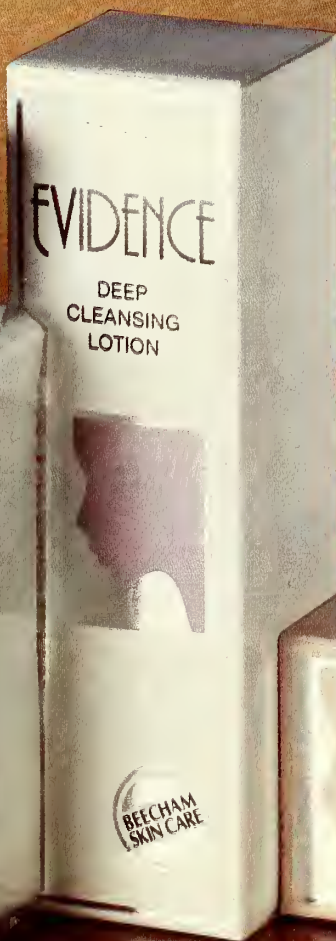
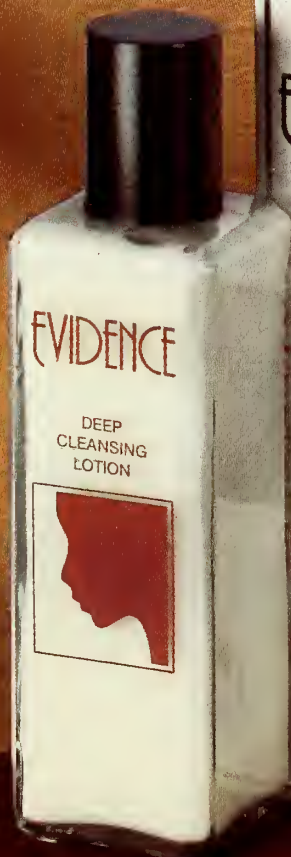
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# COUNTERPOINTS

## Filtermat improved baby milk from Cow & Gate

Cow & Gate baby milks of improved consistency and quality are being delivered to the trade from this month, following a substantial capital investment in a Filtermat powder drier at their Wexford creamery in Eire (*C&D*, November 10, p776). Both Premium and Babymilk Plus benefit from use of the new equipment. Cow & Gate's marketing manager Mr Peter Greensmith says "Our objective in investing in a Filtermat powder drier was to provide mothers with the best baby milk powder on the market in terms of visual appearance, reconstitution and quality. Baby milk that has been dried on the Filtermat is granular in texture and exhibits the properties of improving mixing and reconstitution compared with powder from any other drier".

The change in texture and reconstitution, will be explained to mothers in a leaflet which will be included in the first eight weeks' supply of 454g cartons of Premium and Babymilk Plus. The leaflet



draws attention to the fact that both powders are more granular, which improves mixing and that the granules dissolve readily in warm water to produce a smoother feed.

In addition, a new scoop has been provided to ensure accurate preparation of feeds with the correct balance of nutrients. Cow & Gate Ltd, Cow & Gate House, Trowbridge, Wilts BA14 8HZ.

## Review of cosmetics and toiletries

Sales of cosmetics and toiletries in the period July 1978 to June 1979 rose to £518.5m. 11.1 per cent up on the previous year's figures, according to the latest JHA cosmetics and toiletries review.

Prices were up 9.8 per cent giving a money-volume growth of 1.3 per cent (that is, an increase not due to price inflation). Although not large, this compares favourably with the declines of 1976 and 1977.

Until June 1979, the influence of 1978's mini-boom and a spree to beat increased VAT rates led to market buoyancy, which reached a peak in the April to June period.

The end of the period under review saw VAT increased from 8 to 15 per cent, and this, with the easing of direct tax and a tight monetary policy, led to the resumption of a recessionary trend.

Of the product categories, only skin care, men's products and make-up showed money-volume increases; shampoos, dental preparations, fragrances and hair preparations all showed money-volume declines.

The UK skin care market in the 12 month period to June 1979 was worth £71m, an increase of almost 25 per cent on the previous year. Prices rose by just under 7 per cent giving a "real" term increase of 18 per cent.

Men's products are estimated to have been worth £41m, a 20.7 per cent increase on the previous year. The "real"

term increase was 9.8 per cent when price rises of 10.9 per cent are taken into account.

Make-up, the only other category to show an increase, was worth £58m—an increase of 15.5 per cent. Prices are estimated to have risen by 8.5 per cent and the "real" term growth to be a little under 7 per cent.

### Retail prices

Figures for medicines and toiletries show that retail prices at the end of 1979 stood at 24.9 per cent. VAT increases in June being one reason for a rise of 11.4 per cent to 21.4 per cent. This compares with a 17.2 per cent increase overall at the year-end.

Forecasts on consumer spending anticipate a 3.1 per cent increase in 1980 and a 4.4 per cent increase for 1981 (1977, 5.4 per cent; 1978, 4.2 per cent).

Although there will not be a repetition of the 1976 squeeze, prices being ahead of earnings, there will be little leeway for discretionary purchasing, says the review. And although the figures show that chemists put on an above-average sales performance in value from July to December 1978 (15.4 per cent) and April to June 1979 (17.6 per cent), the estimated 16.5 per cent increase in the July to September period is not expected to be sustained. Total sales for all outlets increased an estimated 10.1 per cent in this period.

*Cosmetics and Toiletries Preparations Review: June 1979. John Hogston Associates Ltd, 23 Golden Square, London W1.*

## Inter-dens colour change

Inter-dens toothbrushes are now available in a range of six transparent colours (£0.62) which replace the existing opaque colour versions. The basic toothbrush design, remains unchanged—a small compact head with medium/soft multi-tufted rounded-end nylon filaments.

"The brush was designed in consultation with the dental profession," comments Graeme Hannah, Nicholas Laboratories' marketing manager pharmaceutical division, "and we believe that the new colour range complements the sophisticated design. In addition the six colour variants provide a greater choice



for the consumer which is particularly important for the larger family".

Inter-dens toothbrushes are packed individually in clear plastic containers, redesigned to make them easier to open. They are presented in outers of one dozen assorted colours in a plastic base which acts as a counter top display unit. *Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks SL1 4AU.*

## Maxi colours

Maxi-moist lipstick (£0.85) and Maxi-wear nail guard (£0.90) will be available in rainbow red, sunset coral and dawn mist from March.

For the eyes, the eye-shadow collections (£1.30) have also been extended to include three new ranges, heather mixtures, blue skies and rare earths. *Max Factor Ltd, 16 Old Bond Street, London*

## Vanamil packaging

A larger pack size of Vanamil is now available in the on-test area. A 54 tablet pack (£0.89) will replace the existing 36 tablet pack. Vanamil 54s are said to suit the monthly needs of regular users of indigestion remedies. *Richardson Merrell Ltd, 20 Queensmere, Slough.*



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\*Source: Independent Market Research.



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**Radox Salts is set to make an even bigger splash in a £35m market**

Over 25 years ago, Radox Salts opened up the bath additive market. Today, with over 50% of salt sector sales, it's still undisputed brand leader of the total market. And new developments are designed to increase its massive market share. To start with, the pack has been re-designed, incorporating all the advantages of its traditional elements while appealing to a modern, younger market.



**Richer in herbs and mineral salts**

All the things that made Radox Salts so popular in the past have been increased in good measure. Proportions of herbs and mineral salts have been raised. And the

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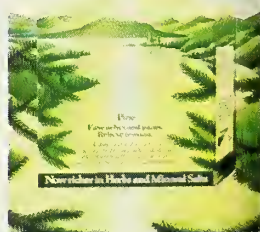
**Thousands of strategically sited posters**

From March through June, Radox Salts are being promoted in an eye-catching 'toiletries special' poster campaign. Thousands of these posters will be sited near chemist outlets. And they'll be delivering the Radox message all day long to shoppers passing by your window.

Now doesn't all that add up to the most relaxing news this year?

**You've dug the garden.  
 Now fill the bath.**

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**Nicholas-Number 1 at bathtime**



# Control of the medicines patients bring into hospital

*The author, Mr Brian Ellis, district pharmaceutical officer, Sheffield Area Health Authority, was last year's winner of the Chemist & Druggist Medal and Award for Research. In his paper, presented at the practice research session of the BP Conference in Exeter and published in full below, he described a system for checking and possibly re-using the medicines that patients brought into hospitals with them. The research was carried out at St George's Hospital, London.*

When patients are admitted to hospital an accurate and detailed medical history must be obtained, including information on any medicines that the patient may have been taking. This has traditionally been the doctor's responsibility, but in some hospitals this has been undertaken by pharmacists and it has been shown<sup>1</sup> that a pharmacist can obtain a more accurate and detailed medication history than a doctor.

In many hospitals medication history taking by pharmacists may not be possible because of lack of time, or the medical staff may not accept this as the pharmacist's role. In such circumstances a pharmacist can still make a valuable contribution to an accurate medication history by checking and identifying medicines brought in by patients.

Patients should be encouraged to bring their medicines with them on admission to hospital and guidance on how to deal with the medicines is given in the Department of Health notice HM(70)36. This document states that patients should be aware of the need to inform the hospital of all medicines they are taking and outlines advice that could be given to them before admission. It also states that hospital staff should be aware of how to deal with such medicines. The doctor should decide whether the patient should continue taking them, whether they should be removed during the patient's stay in hospital or be destroyed because they have deteriorated, are inadequately labelled, or are contra-indicated. It points out that medicines once dispensed are the property of the patient and any which may be safely returned to the patient should be sent home with a responsible adult.

## Problems

This advice presents a number of problems:

**Identification** Identification is by a doctor who may not be familiar with the medicine's appearance so he may rely on the label on the container. As some medicines are not clearly labelled or have become obscured and some patients transfer medicines from one container to another, the doctor may misread the label or identify the medicine incorrectly. As many drugs have names that look alike<sup>2</sup> the wrong medicine may be prescribed.

**Poor condition** The medicine may be in

poor condition, in an unsuitable container or inadequately labelled. If the doctor does not detect these, unsuitable medicines could be returned to the patient for future use.

**Change of medication** While in hospital many patients will have their medication changed. On discharge they may be given a different medicine, the same medicine with a change of dose or direction, or the same medicine of a different brand and appearance. With a supply of medicine at home the patient could be confused as to which to take and consume unnecessary or contra-indicated medicines.

**Storage and retrieval** As the medicines are the patient's property and may be requested on discharge, routine destruction could present problems. The hospital ward is an unsuitable storage place and storage in the pharmacy takes up valuable space. Sorting and retrieval are time consuming. There is therefore a need to develop a system to encourage patients to bring their medicines into Hospital, to identify them, determine their quality, store them safely and be able to retrieve them easily if required.

## System for checking medicines

Before admission the patients are informed in a handbook that they should

bring with them any information about their medicines and the medicines themselves for identification. The handbook states that for safety reasons medicines should be handed to the doctor or ward sister and not be kept at the bedside. The medicines will be stored in the pharmacy and returned on discharge with any other medicines that are necessary.

The medicines are placed in a "Patients own drug" envelope by a nurse and stored in the drug trolley until the ward pharmacist visits the ward. The pharmacist identifies the medicines and compares them with the initial prescription on the ward. Any discrepancies are brought to the attention of the prescriber. The medicines are recorded on the "Previous medication" section of the prescription chart.

The envelope and medicines are sent to the pharmacy where the patient's name and ward are entered in a record book in alphabetical order. The envelopes are stored in a series of numbered boxes and the box number entered in the record book. Each box holds 8-10 envelopes and are arranged in 4 rows of 4 boxes. Each row is used for medicines brought in during one week. As patients are discharged the record is checked and any medicines brought in retrieved by searching a single box. The medicines are then either destroyed or, if considered suitable, returned to the patient. With storage for four weeks medicines and an average patient stay of about 10 days, the boxes should be

*Continued on p342*

## Envelope used for storing medicines

DRUGS  
BROUGHT IN BY PATIENT

NAME OF PATIENT \_\_\_\_\_

DATE OF ADMISSION \_\_\_\_\_

WARD \_\_\_\_\_

TRANSFERRED TO \_\_\_\_\_

CHECKED BY \_\_\_\_\_

NO. OF ITEMS \_\_\_\_\_

FORM 101 1/77



# Control of in-patients' medicines

Continued from p341

self-emptying, apart from when patients die, are discharged without any medicines, are transferred or who are still in hospital. The latter group are re-allocated another box and continue in the cycle as long as necessary.

The re-issue of medicines was introduced at a later date after the checking and storage system had been shown to be successful. Very few patients requested their medicines be returned on discharge and a check showed that some could have been safely returned to patients. It was considered that this would reduce some of the wastage.

Medicines were only returned if they satisfied the following criteria: The medicine could be identified; it complied with the patient's current regime; it had been stored in a suitable container; and it had been recently dispensed (within 3 months).

These criteria were also applied when patients requested their medicines to be returned. If a patient requested the return of medicines which were considered unsuitable it was discussed with the patient and if necessary, the doctor. If patients had bought medicines these were returned with any necessary warnings or advice.

## The survey

A survey was undertaken to determine the contribution of this scheme to patient care and if it was an effective use of the pharmacist's time. A record was made of the medicines brought in by patients on a surgical ward for 2 months and a medical ward for 1 month. The medication prior to admission, the source of information used by the doctor admitting the patient, the initial medication on the ward and the discharge medication were also recorded.

## Discussion

In the previous system the medicines brought in by patients were put in the envelopes without checking and stored in the pharmacy in large boxes according to the ward to which the patient was admitted. The medicines were discarded when the box became too full. There was no record of which patients had brought medicines in with them and if requested on discharge they were usually difficult to find. No check was made as to their suitability for re-use.

A policy on patient's own medicines should try to ensure that medicines which are potentially harmful are removed from the patient's possession. Removing and destroying all medicines may dis-



Envelopes stored in the pharmacy

courage patients from bringing in medicines or the ward staff from handing them to a pharmacist. Medicines do not necessarily become unsuitable for use because the patient has been admitted to hospital, although in many circumstances this may be so. Pharmacists must use their professional judgment as to the suitability for re-use and although guidelines can be laid down to help there can be no set rules for re-use or destruction.

The results show that 36 per cent of the medical patients and 23 per cent of the surgical patients were receiving medication before admission. Most of the surgical patients, but only 60 per cent of the medical patients, brought their medicines in with them. A previous study<sup>3</sup> reported that about 35 per cent of patients brought medicines with them when they were admitted to hospital and 38 per cent were discarded or relabelled

at the time of discharge. The greater proportion of surgical patients bringing their medication with them probably reflects the urgency of admission. More effort is needed with the medical patients and encouraging relatives to bring the medicines in at a later date may overcome this problem.

Determining a patient's medication history was often difficult, even with a letter of referral. Often essential information such as tablet strength was missing. In spite of the transfer of medicines, poor labelling and illegibility caused by handling, the containers were used to assist with the medication history in 23 per cent of the medical patients. Type-written labels were easier to read and a medication record card, which is now issued to all patients on discharge at St George's Hospital, would have been

Continued on p344

Results of survey	Medical ward	Surgical ward	Total
Patients admitted to ward during study period	138	78	216
Patients taking medicine prior to admission	50	18	68
Patients bringing drugs in with them	30	13	43
Drugs containers brought in	81	37	118
Unidentifiable drugs	13	6	19
Out-of-date drugs	7	1	8
Drugs that could be re-used	61	30	91
Patients whose discharge prescription is known	15	11	26
Drugs re-used on discharge	12	18	30
Drugs where the strength, dose and directions of drugs are the same on discharge as on admission	4	12	16
Value of drugs brought in	£60.28	£24.64	£83.92
Value of drugs re-used	£13.76	£16.33	£30.09



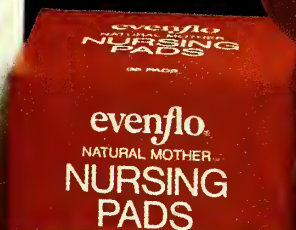
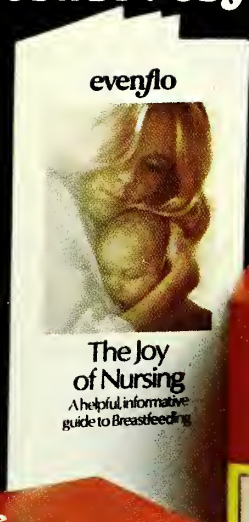
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# Control of in-patients medicines

Continued from p342

of great help. In the study no errors or significant discrepancies were found. Errors had been detected previously such as the doubling of a digoxin dose and the prescribing of a non-existent drug through misreading a hand-written label. Omitting essential information such as the dose tended to be the most frequent problem.

Of the 118 medicines brought in, 27 were unsuitable for use. Most (61) of

the remaining 91 could not be re-used on discharge as the dose or medicine had been changed during admission. Only 16 medicines, mainly those belonging to surgical patients, were prescribed on discharge in the same dose and with the same directions as on admission.

This emphasises the need for patients to bring all their medicines with them into hospital or to ensure that the patients destroy them on discharge. About £30 worth of medicines was re-issued to patients; if extended to the whole hospital the scheme would save about £1,500 each year. This small saving could not justify the scheme alone, but was a useful bonus to its other advantages.

The survey has shown that the system improved, patient care by removing most of the potentially harmful medicines from the patient's home and was therefore an effective use of the pharmacist's time. In addition a small saving in drug

wastage was also achieved. Greater effort is required in future with patients who do not bring their medicines in with them on admission. In conclusion, the following points in particular were noted as a result of the survey.

□ Obtaining an accurate medication history is not always easy. It is helped by containers having typed labels, and medication record cards.

□ Very few medicines are prescribed on discharge in the same dose and with the same direction as on admission, particularly for medical patients. Patients should therefore be encouraged to bring all their medicines with them into hospital.

□ Identification and assessment of the quality of medicines should be the responsibility of a pharmacist.

□ Medicines brought into hospital should be stored safely in the pharmacy and an efficient system of retrieval operated.

□ Medicines should only be returned to patients if they are in good condition and in a suitable container and if they correspond to the current regime and are correctly labelled.

## References

1. Wilson R. S. & Kabat H. F., *Am. J. Hosp. Pharm.*, 1971, 28, 49.
2. McNulty H. & Spurr P., *B. Med J.*, 1979, 2, 836.
3. Kostick J., Chidlow J. & Pihl T., *Am. J. Hosp. Pharm.*, 1973, 30, 814.

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## Health centre news

**Trent RHA** have commissioned a health centre at Larwood Kilton Hospital, Worksop.

**Norfolk AHA** are expected to make a start in the near future on a £333,000 health centre at Thorpe, Norwich.

**West Midlands AHA** plans a new health centre at Northbrook Road, Shirley, near Solihull.

**North Western RHA** is expected to gain approval for a clinic/health centre at Fishmore Drive, Roman Road Housing Estate, Blackburn.

A £193,964 main building contract has been awarded by **Dyfed Health Authority** for the Cross Hands Health Centre at Llanelli.

In the **City and East London AHA** region tenders have gone out for a health centre and flats to be built. The site is in Wapping Lane E1.

**Leeds AHA** expect to make a start soon on a £405,000 health centre at Meanwood, Leeds. Completion is due in late 1981.

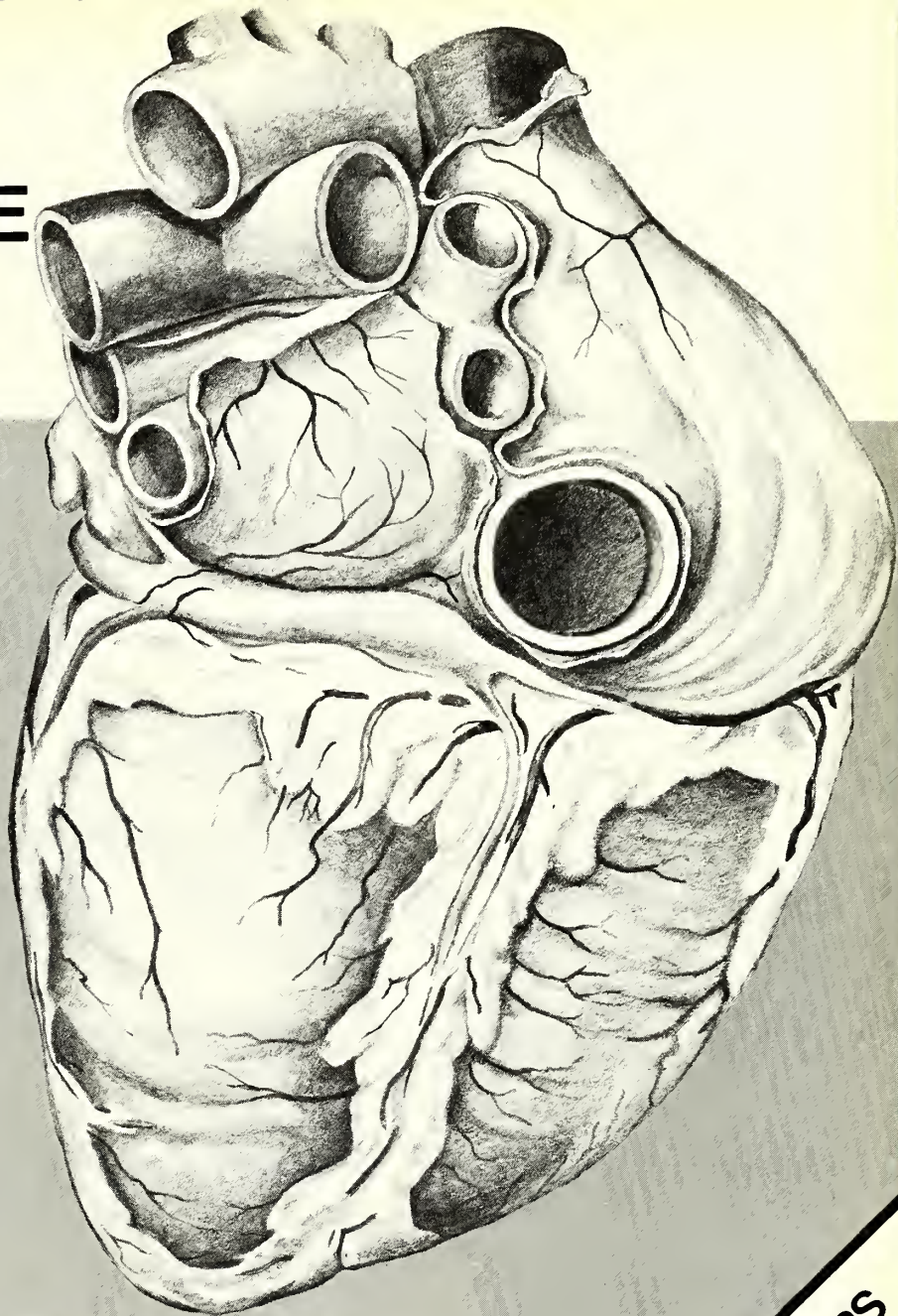
**West Midlands AHA** has agreed that plans may be drawn up for an extension to the health centre at St Helens Road, Northfield. The estimated cost is £300,000.

**North West Thames RHA** plans to build a £250,000 health centre in the High Street, Flitwick, Bedfordshire. Work may start on the project in October.

**The North West RHA** has awarded several building contracts, £510,995 for a health centre at Cannon Street, Oldham; £131,597 for the completion of a health centre at Mossley, Greater Manchester; £372,333 for a health centre at Tonge Fold, Bolton.



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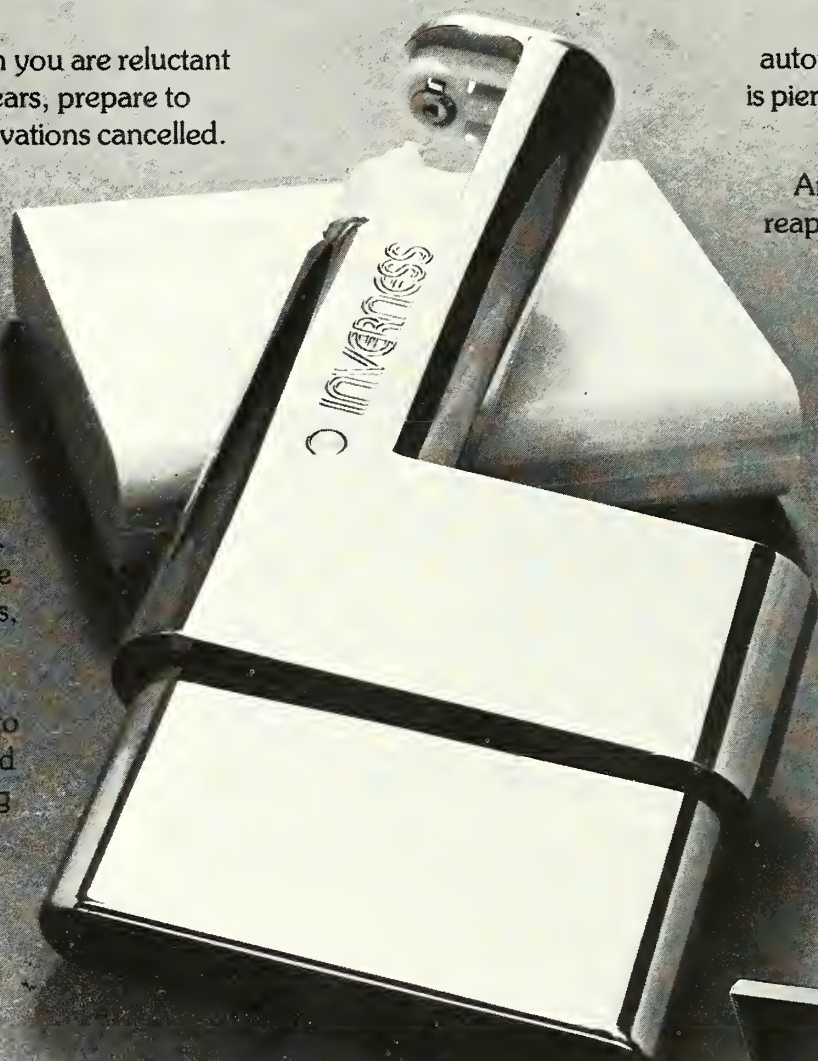
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by a rural pharmacist

## An idyllic life?

You may have formed the impression in the past that life in this village is almost idyllic. May I relate an irritating incident that underlines the "almost" and disproves any previous temptations to insert "perfectly".

Here there is a heavy sprinkling of retired captains of industry and military officers of rank so high that the same rank in its martial context would be obscured in the mists of the 1930s. Whether their money is derived from pensions, golden handshakes, astute manipulation or marriage, there is enough loot lying around for their thoughts to turn to eight weeks' emigration as soon as the first windy augury of snow penetrates their uniform—that kind of buttock-length jerkin made from what appears to be a Burma-green quilt. Will town dwellers please note that the sheepskin garment is now *déclassé*; it has been seen to be worn by shepherds and others who labour on the land.

These gentry, untroubled by our problems of reconciling the booking of the locum with the early-bird flight, have their first-class tickets in the wallet, their tropical kit out of the paradichlorobenzene and have turned their attention to the finer points of medical prophylaxis. Injections are completed, now the annual indent for the pharmacist or dispensing doctor must be prepared: Mogadon for sleep on the 'plane, Valium for pre-jet apprehension and post-jet lag, tetracycline for gippy tummy and Lomotil for Delhi belly ("None of these is a drug or anything like that I s'pose, old man?") and of course the antimalarials. These last triumphs of research enabled me to strike a blow for the pharmacist and taxpayer last week.

### Obscure logic

I am grateful for this opportunity to rehearse the obscure logic of the Medicines Act. A prescription for Malaprim was presented by Major General Cutlass calling for 30 tablets of Malaprim, a POM. "For me and the memsahib—our usual five weeks in Durban". Thanks to Martindale and ABPI data sheets I no longer have to be told that the dose is one tablet per week so the septuagenarian general and his lady have fifteen weeks' medication each at the expense of the taxpayer when they could well afford the £1.20 payment that a private prescription would command. I shall do marginally better under NHS terms. The form FP10 will be endorsed: "Doctor in breach of terms of service—two fees claimed".

Can the same NHS Authority re-

cover from the prescriber the cost of his unauthorised multiple prescribing of medicines for those on vacation abroad? Money talks, and a surcharge occasionally would get the message across where an admonitory finger wags fails.

The second surgery scrounger put down his FP10 on my desk on Saturday afternoon ("Thought I'd let you have it on the way to the wine shop"). This called for 20 tablets of Daraprim (pharmacy only) which I had to obtain in the smallest pack by the following Monday. As my client, a lawyer, is only 59, I asked him for 45p. "Is that what it costs now? I only paid 20p last year, I suppose it isn't cheaper to buy them?" Consulting the C&D Price list I told him that the minimum pack is 30 tablets at a price of about £1. "Oh well, as it is for the wife as well, I'm not doing badly, see you next week".

Your correspondent is not so much a "Bear of little brain" as Pooh but he does need time for thought. He had it all worked out by Monday. When our legal customer returned for his Daraprim he was told that his doctor was in breach of his terms of contract, but would it not be simpler to pay £1.07 for enough tablets for two for fifteen weeks. Alternatively he could return to the prescriber (60p worth of petrol away in our lawyer's thirsty Jaguar) for two forms FP10 for which he would then have to pay me 45p per customer, the word patient being scarcely appropriate in this case. He paid and I cancelled the prescription.

Our readers can draw several conclusions from this anecdote but I see two clearly. First our monetarist Government must see that the rich who had reasonable tax relief do not take illegal benefits from the poorer taxpayer. Secondly, that Mr Patrick Jenkin of the same Government ensures that the penalties to members of any profession breaching a "no risk" contract are made severe without brutality by hitting where it hurts—on the pocket of the transgressor.

If this sort of laxity exists between prescriber, patient and pharmacist, just how much public money is being squandered where the prescriber is also the dispenser and Government does not use its powers of inspection to safeguard the taxpayer?

### Beastly February

The day before yesterday it was sleet. Now it is raining, big, cold unrelenting drops, on and on. Not enough frost to aerate the soil in the garden. Not enough warmth to rot the compost heap where the potato peelings lie from

last week like muddy streamers from some forlorn carnival. Only fifty cash customers today and not much to show for them, even if they are all friendly and talkative. I finished punctually deciding to catch up on my reading.

Two hours later I realised what a pessimistic old dotard I was becoming. Of course, this February is different! This is the month when those who framed the Medicines Act demonstrated their impartiality and recognised the role of the pharmacist. *Confrères*, tell your fifty cash customers while you have time, just how the Act safeguards their interests, just how able you are to recommend them a medicine which will not conflict with their NHS routine medication.

When the Hon Sally de Scionville tethers her pony outside and comes in for her shampoo, just mention that she need not have difficulty in obtaining her horse remedies in future; you have not only the wormers but the minerals, the vitamins, the shampoos (for the Labrador as well). The Law has at last given us a small monopoly by virtue of our knowledge.

Given the catalyst of enterprise each of us can benefit by a little forward planning in this bleak month. In my part of the country where there is horse-muck there is already brass and that from an investment of only £55 in horse remedies in the autumn of 1979.

PS: Any muck that Sally's horse leaves outside may not yield much brass, but it is grand for my brassicas in the garden behind this pharmacy.

## BOOKS

### Pharmacy Management

C. Patrick Tharp and Pedro J. Lecca. *YB Medical Publishers*, Bernard's Inn, Holborn, London EC1 2JR. 10 x 7in. £9.75.

The second edition of this American publication is designed to present a "framework for principles necessary to a basic course in pharmacy management." An introductory text, it updates and expands the first edition and includes six casebook studies of aspects in pharmaceutical management.

### Index Nominum 1980

Edited by the laboratory of the Swiss Pharmaceutical Society, Binz mühlestrasse 40, Zurich. 913+XIV pp, A4 format, Sw fr185.

The Index Nominum is an alphabetical list of synonyms of internationally available drugs containing one active substance. This 10th edition lists about 3,800 compounds and derivatives of which some 200 are new, more than 26,000 references and an introduction in English. Information is given on international nonproprietary names and other generic names, trade names and manufacturers, chemical names and structures, listing of pharmacopoeial monographs on each drug and its main therapeutic uses.



## RPM blame shared

Until recently it has not been the policy of the NAPD to get itself involved in correspondence relating to non-observance of resale price maintenance at the wholesale level. However, your correspondent, Mr E. G. Bain of Hereford, expresses such a vitriolic and unreasonable opinion of the whole RPM problem that his letter *C&D* February 9, calls for a reply.

Discounters would not exist unless there were willing buyers, and even Mr Bain must have known that for many years some pharmacists "bucked the system" by accepting illegal discounts.

The situation presently evident is far too serious to attempt to lay the blame for the prices war on any particular person's or body's doorstep. Suffice it to state, and I believe this to be a much fairer assessment of the causes of the present chaos—the three factions involved:—

(1) The general practice pharmacist, trapped in an outmoded and unjust contract with the DHSS, witnessing a serious erosion of his profit so causing him to examine every avenue down which he could travel in order to maintain his financial viability.

(2) The bone-fide wholesalers, plagued for many years with the illegal discounters and fringe distributors, finding their fast-moving and more profitable lines being creamed off, yet having to offer a full range and a full service in order to maintain their businesses.

(3) The manufacturer, in whose hands lay the only legal remedy, quite unable to enforce RPM (because discounts were being ostensibly allowed only on non-RPM goods), or to prevent other inducements which were given in ways which could not be connected with the original RPM sale.

### Common policy illegal

As far as Mr Bain's suggestion that "wholesalers could get together and agree, for a change, to pursue a common policy with regard to the pricing of ethical—or anything else for that matter" is concerned, he has obviously overlooked the provisions of the Restrictive Trade Practices Act which makes any such "agreement" illegal, and he has also omitted to take into account the present Government's attitude towards "free trade".

He must also not forget that discounts given by wholesalers are not just a disbursement of profit, but are an inducement to the retailer to place larger, less frequent orders and to pay more promptly, so balancing their cost against savings. For the service element of wholesaling to survive, the distributor needs to start with an adequate base margin from the manufacturer.

The members of the NAPD are all full-line, full-service wholesalers pledged

by a code of practice to distribute the products of the pharmaceutical manufacturers, and to meet the demands of the general practice pharmacist, and ultimately the general public. This they will continue to do in this new trading climate, provided that they are given the support of the retailer, and a reasonable margin from the manufacturer, both of which are required to allow them to continue to carry out their total function.

**E. R. Leaver**

Secretary, National Association of Pharmaceutical Distributors

## Nothing to lose but . . .

We recently read a report of a speech made by Mr Patrick Jenkin in which he expressed his determination—"to retain the services of those who are best qualified to see the NHS through the difficult years ahead". I wonder how he reconciles this determination with his Department's recent deliberate and provocative misinterpretation of the findings of the Franks panel?

There can no longer be any doubt that the Department's only determination is to act as an exploitative employer who will stop at nothing to acquire our labour at the lowest cost regardless of other considerations. Alternatively they may wish to deprive general practice pharmacy of a reasonable return for its efforts, to the point where NHS dispensing will only be done in State-subsidised establishments, by salaried employees.

Has the time come for pharmacists to emulate the actions taken by other sections of the community, from navy to nurse, docker to doctor, and cook to consultant, when their claims are ignored? Outside the Health Service, movements of coal and steel can be brought to a halt, and power supplies cut off with the same impunity as medical care can be withheld inside the Service. The workers involved all profess their regrets for the inconvenience and risk to life resulting from their actions, but remain unswayed by appeals to conscience.

Why should pharmacists not adopt the same approach and attitude? Is it hoping for too much to ask all pharmacists in hospital, retail, wholesale and industrial disciplines to organise under a single umbrella which should be able, in extreme circumstances, to bring an effective halt to movements of the products they normally handle?

Recent history suggests that the only stimulus to which monopoly employers are likely to respond, is the chance of such a threat being made good. Hesitant hospital pharmacists might consider the possibility that, without their support now, general practice pharmacy as we know it today could have passed from the scene in five to ten years time. This would remove their single major choice of alternative employment, and competition for their labour. How long then before an attack comparable with that to which general practice is currently subject? How long before *their* conditions of employment were reduced to

the same levels as those of semi-skilled artisans and technicians?

Wholesalers, largely dependant on "retail", routinely profess their desire to "co-operate" with their best customers. Industrial pharmacists, although remote from the public at large, could play their part by seeking sympathy and perhaps support from transport drivers collecting manufactured goods from their employer's premises.

Speaking as an independent contractor who has seen his income from NHS work dwindle to a pittance, and his patience and persuasion rewarded with derisory offers, I would be happy to submit an undated resignation to any organisation supporting my claim. If the Department considers this a bluff, I will be content to have it called, take down my "NHS dispensing" sign, dismiss several highly-paid members of staff, and devote my time and efforts to more fruitful activities. Am I alone in this sentiment?

However, I am prepared for one last essay along the road of persuasion. I have written to my Member of Parliament in the hope of enlisting her support. If this fails, I will be fair game for any extremist organisation which comes up with any extreme measure.

Karl Marx said: "The workers have nothing to lose but their chains". Would he have said "the pharmacists have nothing to lose but their contracts"?

**J. A. Davies**  
Sheffield

## Drug bill savings

*C&D* last week reported on how "generic prescribing can cut NHS costs". I think Dr Lubel should be applauded, and some of his recommendations implemented.

Pharmacists should look to savings which can be made on the drug bill where at least some of the money saved could be diverted to the pharmacist contractor.

We have been warned that there is no "excess money", only a "global sum". Pharmacists are aware of the oft-repeated comments on over-prescribing: I submit that there is unnecessary waste. I submit that on occasions even 300ml Benylin is too much. I submit that there could be a 25 per cent cut in overall drug quantities without detriment to a single patient.

If the "pill" were readily available over the counter, instead of being prescribed in multiples of six on an FP10, exempt from charges, the savings in this area alone would go a great deal of the way towards pharmacists' demands.

Prescription exemptions: I appreciate the laudable claim that all prescriptions should be free of charges, but they are not, and people have to sign to state why they are so exempted. There are those who unwittingly sign the form when they are not exempt. Does this occur as an infrequent mistake, or is this practice widespread?

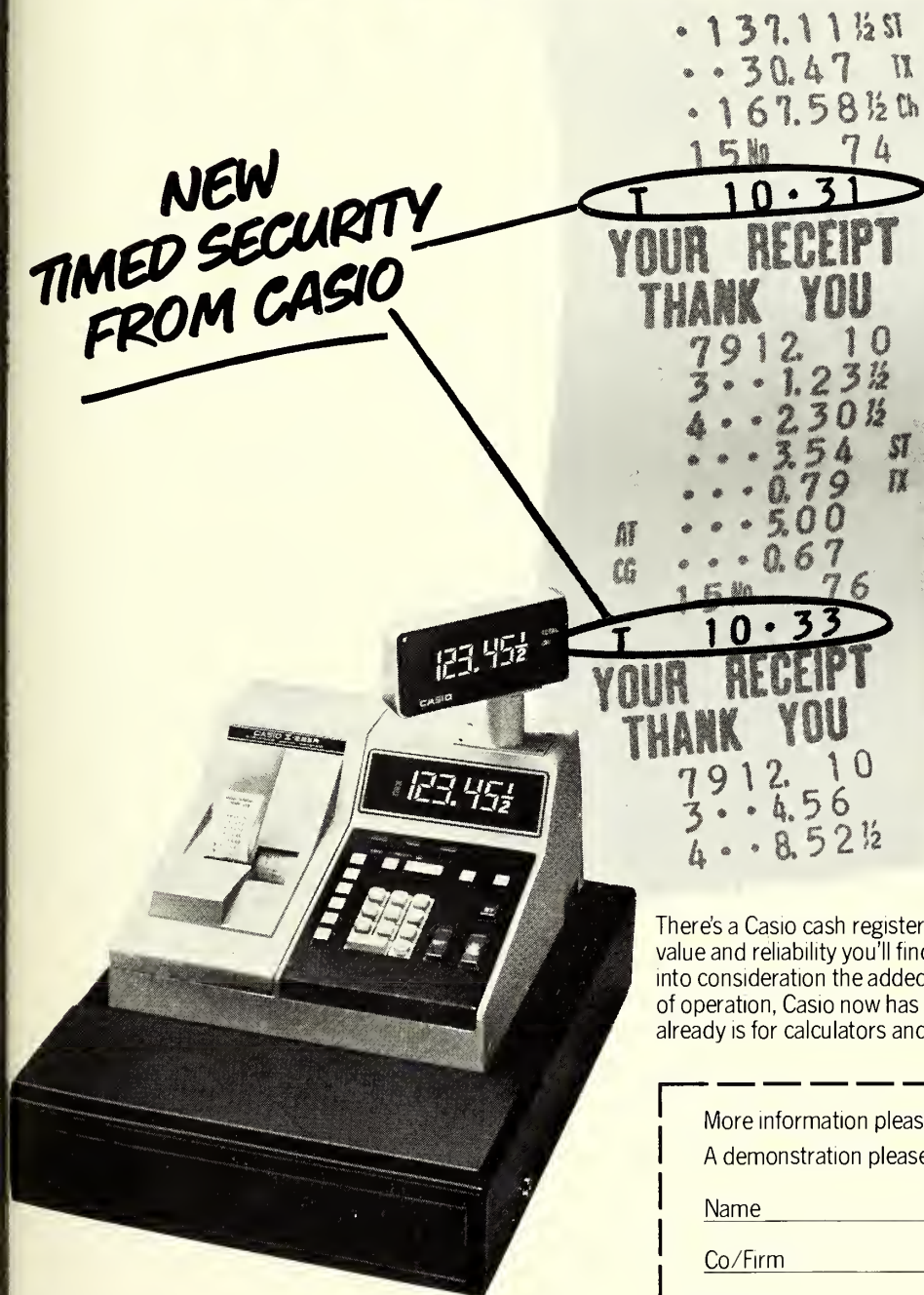
**D. R. Gough**  
Liverpool

*More letters on p350*



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Chemist & Druggist 349



## Meat or droppings

I was interested to note that the regular contributions from general practice pharmacists in both the *C&D* and *PJ* of February 23 were concerned about the present impasse between the PSNC and the DHSS in relation to the proposal for a review body to deal with differences that arise between those two bodies on matters of remuneration and other contractual matters. In both instances the authors expressed the view that the inherent disunity among contractors was likely to militate against the adoption of any concerted and effective sanctions that may persuade the DHSS to give us a fair deal, or to even agree to the formation of a review body—a modest enough request in the climate of industrial relations today. This despite the all-party agreement on the desirability of arbitration rather than confrontation that is frequently paid lip-service by politicians in all recent governments.

It is to the very great credit of the PSNC that it has at last proposed to ballot contractors on the degree of support it may expect in the matter of sanctions, in the event of a stalemate between the parties. This contrasts very favourably with the actions of some trade unions who declare a strike with no suggestion of prior balloting of the members. It is to be hoped that contractors will give full support to the PSNC and not leave them devoid of all muscle at the negotiating table.

## Resignations honourable

It is my personal view that the only credible sanction is the submission of undated resignations from an unsatisfactory contract. This is an honourable and normal course to adopt in the event of a contract being unacceptable to one of the parties and is not to be compared with a "strike". (It should be quite possible to arrange for the provision of dispensing services, whilst rejecting the terms of service in the present contract.) All that is needed on the part of contractors is a resolution to place the value of a sensible and viable pharmaceutical service above individual consideration and to accept that the continuity of such a service is in the public interest, even if some short-term measures are required to force the issue that may seem unpalatable at first sight. If we fail in this respect, we shall have failed both the public and the profession, and we shall not deserve to survive.

I am reminded of some words from the last Prime Minister, Mr James Callaghan, in a recent television interview with Mr Robin Day. Mr Callaghan was reminiscing about a chat that he had some time previously with a person whose name I missed but who had obviously been in charge of one or other of the arbitration tribunals during recent years. He asked

him how he reached some of the decisions that he had made and the basis upon which he had reached those decisions. As I remember it the reply was roughly as follows:—"Jim, it was simple—I gave the lions' share to the lions". In my opinion that just about sums it all up. Are we to get a share fit for a lion or are we to receive mouse droppings?

**E. D. Hurt**

Southam, Warwicks

## More solutions

Several more solutions to our recent "Prescription poser" (*C&D*, February 16, p236) have come in during the past week.

Inderal 40mg was overwhelmingly the favourite for the first item, with trinitrin high in the popularity stakes for the second, although two subscribers interpreted this one as tetracycline. The third item was most frequently thought to be Benylin expectorant 300ml but other subscribers have offered mist cret c opio 300ml or mist tuss nigra 300ml.

When we first published the "poser" we offered to pass on solutions to the pharmacist who had sent it in. A subscriber in Aberdeenshire asks: "Are you sure it's the solutions and not the patient being passed on?"

Happily we can report that this is not the case for, well over a week later, the patient turned up with a prescription for Inderal, Talpen and mist ipecac and morph.—*Editor*

*Other letters on p348*

## Sterling Winthrop save a heritage

Sterling Winthrop Group have purchased all the fixtures and fittings of a 19th century pharmacy in Alnwick, Northumberland, and hope to incorporate the "shop" in a pharmaceutical research centre they plan to build close to the town.

The fixtures and fittings were auctioned by Sotheby's in London last week and realised £4,500 as one lot. They comprised a mahogany horse-shoe counter (33 x 2ft), a curved display case, a pair of shop chairs, mahogany cupboards of various sizes, a 60-bank chest of chemist's drawers, each with glass handles and black-and-gilt labels, another 39-bank chest of drawers, banks of mahogany shelves and other pieces of shop furniture complete with clear glass bottles and glazed earthenware jars.

The shop was established by Robert Swan in 1825, and was taken over by J. L. Newbigin in 1856. The sellers purchased it from the Newbigin family in 1963, and it has remained largely unaltered.

A spokesman for Sterling Health told *C&D* that the local civic society had feared the fittings might go abroad—the company was pleased, therefore, to be in a position to help keep a piece of history in the locality. Plans for the research centre are not yet too advanced to permit suitable arrangements being made to house the pharmacy.



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## Cosmetics differences

Mr Clive Caplan, MPS, proprietor pharmacist in Yeadon, Leeds, reviews 1979 and argues for more contact with manufacturers

**Max Factor.** Plenty of stock available via "swag wholesalers" (confirming R. Fawkes C&D February 16, p236) and we were constantly chasing the area manager for a rep to call. However to their credit Max Factor have streamlined and improved their Swedish Formula range and we now actually have a current, new clean shade card. I suspect they are now listening to some of our long-term appeals.

**Yardley.** Certainly are apparently listening to their customers' complaints and I can see improvement in relationships between Yardley and the chemist—a regular call from the rep certainly helps and if they change their perfumery sales policy they should climb further up the "sales tree".

### Missing reps

**Coty (Rubinstein).** Rep last called on me in January 1979. There have been no follow-ups and no help in obtaining stock—their Christmas mailing was pathetic and since we no longer have a "budget" range of make-up to sell we are now in a position of stocking L'Aimant and virtually nothing else. They are now demanding from me that we do a minimum net trading of £2,000 per annum and this must obviously be impossible in our present situation, with no rep calling, no mailings, no re-order sheets—they even have the audacity to add in their letter that they do not foresee us reaching their minimum net trading level in the coming year. Since they are not giving us the chance, is this the writing on the wall for other chemist accounts as well as myself? And will we be seeing Coty only in department stores in the future? I certainly would dread to see other perfume houses following their example.

**Revlon.** Is Revlon! The relationship between myself and the company is growing weaker and weaker as each day goes by. Their stock is readily available via "swag wholesalers" and now in Makro (a direct account I understand). I have no comment regarding Natural Wonder except to say I no longer stock it. **Maybelline.** No regular call from a rep in 1979; I have a half-empty stand—space wasted and potential income per square foot of display reduced. When in stock we are definitely selling more than in previous years.

**Outdoor Girl.** Due to change-over in presentation of products part of their stand remained empty for more than half the year—once again a loss of potential income. A recent offer of their's was a gross of mascaras—rather ridiculous for the average chemist, I would have thought.

**Rimmel.** We had a very good year with

them; if only the rep would order enough for us. Their delivery service after giving an order is not far short of excellent. **Shulton.** Old Spice, despite appearing to be losing ground, still retained a reasonable turnover yet again, though their 1979 gift packs were not a success at all. The perfume division (Nina Ricci, etc) is doing excellent business with 100 per cent co-operation from them. It is nice to say that it is a pleasure to be dealing with them and selling their products.

**Fidgi (Parim).** A strange relationship now exists. After I refused their so-called "French Quarter" deal (we only stock Fidgi and Drakkar) I now get no call from a rep, no mailings about special offers etc, no mailings about Christmas stock, and certainly no new re-order forms. Again I see a dangerous "time-bomb" situation for the chemist. Here we have a company which was trying to force me to take their new fragrances against my own better wishes and their present action has followed my refusal to take in their new stock.

there any other company which does no market a talcum in their range—as is the case with Rive Gauche and Opium? Rive Gauche is also available in Makro. **Worth.** Je Reviens is a good product to sell yet in three and a half years I believe I have seen their representative twice! Is this a record?

**Rochas.** Another good "house" to deal with, though if my orders go in on my own paper as opposed to their official order forms (not always available) the orders take twice as long to arrive! I would also like Rochas to offer the same or similar promotions as they offer the big stores—we must obviously be second-class subjects.

**Picot.** Pagan always sells well and now that Beecham have taken over Scott & Bowne I envisage a further increase in sales—though I hope they retain tight control of their agencies.

**Cyclax.** A division of Lenthalic-Morny, they are now a company of special offers. For me this has been a good thing so far, but would it not be better to drop the prices permanently, repackaging, and give the range some distinction again? A firm constantly running special offers should be able to afford to reduce the basic prices of their basic lines—could not this be a warning to all other companies doing "special offers" throughout the year?

**Cachet.** Another example where we seem to run from one promotion straight on

## Revlon invite critics to a 'face-to-face'

Revlon admitted a poor supply performance but vigorously defended their marketing strategies when they played host to 350 independent chemists and their

what you think, we'll have difficulty changing your view", said Mr Scanlan. However, other chemists had accepted their "warts and all" and their tills

### Flashback to Revlon's 1979 NPA-sponsored meeting

**Lenthalic.** Brought out another new fragrance; thankfully I wasn't "compelled" to take it—and I am rather glad I didn't. Lenthalic are now slowly creeping backwards and must surely be looking for something to re-bolster their boring and repetitive offers which once again are quite readily accessible via the "swag wholesaler".

**Christy.** Their In Love is steady and sells well both in price and first class presentation.

**Bronnley.** Seem to be coming out of a long sticky spell—pack presentations are vastly improved and generally selling much better.

**Almay.** A reliable product and a reliable firm to deal with. However, as with nearly all other cosmetic houses supplying make-up, we don't get any warning (nor does the customer) of shades being discontinued. Some firms, as you well know, give no assistance in uplift of these discontinued shades also.

**Yves Saint Laurent.** A strange company to deal with—I expect they must be expanding very rapidly. Opium certainly is "hitting the roof" at this time, but is

to the next and our general stock lines on the shelf stand still.

Personally I do not enjoy being turned into a glorified "Avon"-type outlet where the offers sell and the general stock lines stick on the shelves. A policy of overall price reductions with no special offers would vastly improve the image of my shop and differentiate me more so from my local supermarkets and corner grocers. But since probably this will never happen I must continue to take at least some of the offers—for the sake of my customers, at least.

Finally I would like to take the bull by the horn and ask the National Pharmaceutical Association if they are prepared to organise an evening (in various areas) where managing directors and area managers from as many houses as possible can come together informally. This would allow chemists the opportunity to discuss problems and to discover whether there can be more common ground for improvement and communication between the companies and themselves.

Instead of high-pressure salesmanship there could be co-operation and ideas



put forward by both sides so that chemists' sales can grow *stronger*.

The NPA's Revlon meetings last year were 'basically a good idea, though the final outcome was disastrous. Providing the intentions of the meeting were laid down clearly beforehand I am confident they would be well supported. Other suggested points for discussion and explanation would be point-of-sale aids, the cutback in merchandising forces, and the cutback in reps.

I can also imagine companies wanting to discuss improvements by the chemist in their own displays—possibly improved shopfitting equipment around the perfumery section and certainly assistance of the chemist in stock checks before the rep calls. All these, plus many other points, could be a stepping-stone towards a very productive evening's discussion.

## Whither sales?

*Kim Pearl, C&D's former beauty editor, now working as a freelance consultant in the industry, writes an open letter.*

Are you keeping a close enough eye on the changing trends in the cosmetic market? Do you know who is buying which products from your counters? And why, more importantly, they may not be buying from you? Are you doing yourself a favour by providing the sort of service and advice that will enable you to keep your cosmetic customers from straying into the chain-store next door and stocking up?

If the answer to any of the above is no, then you could be in trouble in the not too distant future.

Last week's issue of *Woman* magazine carried an excellent feature entitled "Counter Revolutions", which looked at what they called the "about face" in methods of beauty merchandising. "You are", they say, "more likely to find mascara next to the mince these days", and they looked specifically at four brands—Sainsbury's Natur range, the Cover Girl products available at Tesco's and other supermarkets, the Eleanor Moore range now available from British Home Stores and the Marks and Spencer fragrance-free products. All these ranges competed well with other brands on price and

most on presentation and quality.

To make up a face using the M&S fragrance-free items cost £5.94 and the article suggested that the nearest equivalent might be an Almay face which would cost about £10. M&S are of course known for displaying a caring attitude to the products they sell and the magazine's consumer checkout verdict was that the range looks like being a hit, and that any teething troubles will be ironed out quickly.

The reaction to buying cosmetics in the same store as your knickers was summed up by one woman saying that she'd just bought a lipstick to match the shade of skirt acquired at the same time. The BHS Eleanor Moore face cost £6.78 and was compared to a Maxi face which would have cost £7.38. Not such a massive difference in price but the verdict was that although a wide range was offered by BHS there were a number of important gaps. Maybe the packaging is a bit of a let down too, which is certainly not the case with M&S.

Sainsbury's Natur range made up the *Woman* model for £5.51. Apparently Sainsbury's themselves compare Natur with Boots No. 7. A similar application of No. 7 make up was costed at £6.04, so, again, not such a large price difference—but the Natur packaging was described as "basic" and of course these products are carded so that consumers are unable to test them. Indeed, the Natur blushers aren't even named, only numbered. Sainsbury's counter-criticise by saying that the shopper can see the colour through the packaging. This rather misses the point that colours change on individual skins.

To compare it to the No 7 range from Boots could also be considered by some to be a bit cheeky, since this elegantly packaged, good sense range has spent some time building up an excellent image.

### Quality surprise

The *Woman* testers were reported to be "surprised at the quality" of Cover Girl products. The cost of the Cover Girl face was put at £6.14 and compared to £4.25 for a Natural Wonder face from Revlon. The latter range is of course also being made available in certain supermarkets now and price-wise it compares

well. Both the Cover Girl range and the Natural Wonder products are carded. Testers are available for the Cover Girl lipsticks as they are for Natur.

Again it is perhaps the presentation of the Cover Girl products which would let them down. They are very American-looking, as is the girl seen advertising the range in women's magazines, and British women have been known to react against this. The Natural Wonder range might, when fully distributed, pose more of a "threat" because it does carry the Revlon name, which is at least known to the British consumer as one associated with cosmetics.

Having seen some "displays" of this product in various supermarkets and drugstores, however, may I respectfully suggest that a closer eye needs to be kept on the merchandising of carded products. Similar displays of Natural Wonder in chemists still tend to be neater and easier for the consumer to deal with.

### Wrong outlet

Out of three women interviewed by *Woman* in supermarkets, only one thought buying her cosmetics with her carrots a good idea, but she said that she never wastes time browsing but simply buys things she sees and likes—a rare breed. Another preferred the "personal touch" and the help of an assistant, and yet another said quite categorically that she usually buys her make-up in a chemist and didn't think she'd buy it in a supermarket.

If some manufacturers, and all supermarket bosses, have their way, however, she may well find that she has changed her mind in a few years time. They will be spending time and money on research, presentation and marketing, and will endeavour to provide good quality at reasonable prices. Instead of reacting as they have done to the movement of shampoo and loo paper sales to supermarkets, chemists must not restrict themselves to complaining but fight back if they want to keep their customers. They must find out what those customers want—choice, advice and the chance to test products—and must provide them in ways to which supermarkets are simply not geared.

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# COMPANY NEWS

## Bayer to control Agfa-Gevaert

Bayer AG will take a controlling interest in Agfa-Gevaert pending agreement by the Bayer board and the German cartel authority. Agfa-Gevaert have already responded favourably to a deal which would expand their share capital by BFr 3.25bn (approximately £50m)—to be entirely subscribed by Bayer. This would increase Bayer's stake by 10 per cent, to a controlling 60 per cent share of the Belgium-based photographic company.

Agfa say they need the capital to finance the purchase of silver, which is essential to the manufacture of film. Common to other film makers they have recently increased the price of their film, but silver costs have risen seven-fold in the past 12 months.

A spokesman for Agfa-Gevaert told C&D that no changes in company policy were planned if the deal went ahead.

## 'As normal' at Sorelle

Despite Dunbee-Combex-Marx going into receivership, Jean Sorelle Ltd and Potter & Moore Ltd, subsidiaries of DCM, are continuing normal trading. All the companies owned by DCM are to be sold off separately, and hope to continue normal operations during, and after, the sales are completed.

Famous for their toy manufacture—Scalextric, Pedigree, Sindy, Hornby—DCM asked the Midland Bank, their largest backers, to appoint a receiver because they could not meet their liabilities guaranteed in respect of overseas companies' debts.

## Colgate drop \$62m

Colgate-Palmolive have blamed their losses for the fourth quarter and poorer overall results for 1979 on operating losses and investment costs on operations they wish to divest, and on write-offs.

Colgate reported profits of \$113.5m for 1979 against \$175.6m in 1978, about two-thirds of the profit drop being attributed to operating losses and divestment costs of Helena Rubinstein—a

subsidiary they have been trying to sell for some time.

The company says that for the year its domestic earnings were also lower due to higher advertising spending, particularly in the fourth quarter—but Colgate International had higher earnings and sales.

## Profit slump at A&W

The strength of sterling and industrial disruptions have been blamed for a £6m drop in the pre-tax profits of Albright & Wilson, for the year ending December 24, 1979.

Profits fell from £25.1m in 1978 to £19m, reflecting—"a disappointing performance by our UK sectors, partly offset by improved sales and profits overseas". Sales rose to £385.7m, against £342m in 1978, but the directors say that the strength of the pound reduced profitability of exports and intensified competition at home, while engineering and road haulage strikes caused "considerable disruption".

Albright & Wilson have been a subsidiary of Tenneco Inc since 1978.

## Polaroid problems

Polaroid Corporation have blamed a fall in their 1979 profits on the high costs of labour and materials, reduced sales and increased interest paid on loans.

Net profits fell to \$36.15m from \$118.42 in 1978, on sales slightly down at \$1.36bn (\$1.38bn). The company also spent heavily on the purchase commitments for Polavision, and capital expenditure rose to \$135m (\$175m).

Despite a 7 per cent decline in domestic sales international sales were up by about 8 per cent and Polaroid say they sold over 7 million cameras worldwide in 1979—the second largest yearly total in the company's history.

## Briefly

**Production Chemicals Ltd** have moved to St Christopher House, 217 Wellington Road, South Stockport, Cheshire SK2 6NH (telephone: 061-480 0477/8/9).

**Briggs & Bamforth Ltd** have moved to 6 Torre Lane, York Road, Leeds LS9 6JW (telephone 0532 491233).

## Andre Philippe's Len Silverstone earns a rest

Tributes to independent enterprise—a plea for some industry to be allowed to continue to give local employment non-industrial "zones"—were paid Member of Parliament Mr Max Stevens, and the mayor of Hammersmith Councillor William C. Smith, attending recent retirement lunch for Mr L Silverstone, a director and co-founder André Philippe Ltd.

The lunch was held, appropriately, the company's factory which nestles between the houses in a residential street in Fulham, SW London. All the staff drawn from the neighbourhood.

André Philippe Ltd was formed in joint partnership between Mr Regin Morris and Mr Silverstone some 25 years ago and remains one of the few independent companies in the industry. T



Mr Len Silverstone in conversation with the Mayor of Hammersmith, William C. Smith, at his retirement party.

shares are held equally between Mr Silverstone and Mr Morris.

The Fulham works is the main distribution point, with all bottle filling done on the premises. Tube filling and some other work is contracted out to associated companies.

Mr Silverstone retires at the age of 65 but will remain a director and consultant to the company.

Mr J. Zielinski, chief accountant, has been appointed a director.

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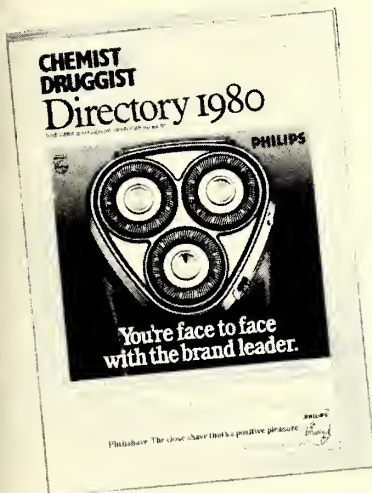
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# APPOINTMENTS



Mr David J. Butler, marketing director, United Drug Ltd

**United Drug Ltd:** Mr David J. Butler, MPSI, has been appointed marketing director. Mr Butler joined the Eire wholesaling company in 1975 as a general manager, after 15 years with the Wellcome Foundation. He joined the board of United Drug in 1976.

**Bellair Cosmetics Ltd:** Dr Jim McAllister has been appointed chief chemist. He was previously development manager with Paterson Zochonis, and succeeds Mr Ken Emery, who will continue to work for Bellair on a consultancy basis.

**J. Bibby & Sons Ltd:** Mr T. T. Tait has joined the board.

**Elizabeth Arden Ltd:** Mr Thomas Young is promoted to area vice-president, Elizabeth Arden, Europe, from area director, UK operations. While continuing as managing director of Elizabeth Arden Ltd, Mr Young will now assume responsibility for France, Belgium and the Netherlands.

**Boots Co Ltd:** Mr D. A. G. Sarre, a director of BP Trading Ltd, has been appointed a non-executive director.

**Tallent Packaging Ltd:** Ms Caryl Pittman has been appointed sales manager and Mr David Bruce field sales manager.

**3M UK Ltd:** Mr Dennis Carrol, former market development manager with the X-ray products group, has moved to the marketing department for graphic arts products. Mr Alan Budge, former sales executive, has returned to the marketing department of the X-ray products group.

## MARKET NEWS

### Aromatics active

London, February 27: Demand for aromatic chemicals was fairly active during the past week and replaced the recent interest shown in menthol and arvenis peppermint oil.

Among essential oils petitgrain provided the main feature, rising by 35p kg for shipment. Bay, bois de rose, canaga, Ceylon citronella, lemongrass, palmarosa and Chinese spearmint were lower.

Several pharmaceutical chemicals are being quoted higher including citric acid and citrates, kaolin, heavy magnesium carbonate and oxide, and tartaric acid. Home-produced aspirin and salicylic acid rise in price on March 3. An increasing number of chemicals are no longer being produced in Britain and thus have to be imported. Because of the recent higher sterling rate these are now cheaper—to those mentioned last week add caffeine and theophylline.

Lower among botanicals were Curaco aloes, Peru balsam, cascara and kola nuts. Tonquin beans, benzoin and Chinese menthol were firmer.

### Pharmaceutical chemicals

**Acetic acid:** 4-ton lots, per metric ton delivered—glacial BPC £399; 99.5 per cent £382; 80 per cent grade pure £344, technical £323.

**Acetone:** £439 metric ton for 30-drum lots.

**Aluminium chloride:** Pure crystals in 50-kg lots £1.353 kg.

**Ammonium bicarbonate:** BPC £208.96 metric ton, ex-works, in 50-kg bags.

**Ammonium tartrate:** Commercial £2.95 kg in 50-kg lots.

**Aspirin:** Ten-ton lots £1.96 kg; (from March 3): imported from £1.

**Caffeine:** BP anhydrous £5.31 kg in 100-kg lots; £4.80 in 500-kg.

**Calcium chloride:** BP anhydrous 96/98% £1.13 kg in 50-kg lots of powder; granular £1.15 hexahydrate crystals BP 1968 £0.87.

**Calcium gluconate:** £1,960 per metric ton.

**Calcium lactate:** 100-kg lots £1.37 kg.

**Citric acid:** BP per metric ton single deliveries,

granular monohydrate £927; anhydrous £978 (powdered £20 premium per 1,000 kg). Five-ton contracts £922 and £973 respectively for granular.

**Formic acid:** per metric ton delivered in 4-ton lots, 98 per cent £400; 85 per cent £334.

**Hydrogen peroxide:** 35 per cent £308 metric ton.

**Hypophosphorous acid:** (Per metric ton in 50-kg lots). Pure 50 per cent £454.75; BPC (30 per cent) £326.71.

**Iodine:** Resublimed £7.15 kg in 250-kg lots.

**Iodotorm:** UNF £15 kg in 50-kg lots.

**Kaolin:** BP natural £167.05 per 1,000 kg; light £174.30 ex-works in minimum 10-ton lots.

**Magnesium carbonate:** BP per metric ton—heavy £690; light £630.

**Magnesium hydroxide:** (metric ton) BPC light £1,640; 28 per cent paste £520.

**Magnesium oxide:** BP per metric ton, heavy £1,700; light £1,640.

**Methyl salicylate:** 5-ton £1.61 kg; 1-ton £1.65

**Opiates:** (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations—Codeine alkaloid £604 to £638 as to maker; hydrochloride £488-£520; phosphate £462-£490; sulphate £520. Diamorphine alkaloid £821; hydrochloride £748. Ethylmorphine hydrochloride £623-£639. Morphine alkaloid £668, hydrochloride and sulphate £545.

**Phosphoric acid:** BP sg 1,750 £0.4815 kg in 38-drum lots minimum.

**Pholcodine:** 1-kg £543; 60-kg lots £493 kg. Subject to Misuse of Drugs Regulations.

**Pilocarpine:** Hydrochloride £328 per kg; nitrate £308 kg for 1-kg lots.

**Potassium ammonium tartrate:** £2.76 kg in 50-kg lots.

**Potassium bitartrate:** £1.215 per metric ton.

**Potassium citrate:** Granular £1,112 per metric ton, 5-ton contracts £1,106 ton.

**Potassium diphosphate:** BPC 1949 in 50-kg lots. granular £2.279 kg; powder £1.9928.

**Potassium nitrate:** Recrystallised £1.07 kg for 50-kg drums.

**Potassium Phosphate:** monobasic BPC 1949, £1.39. kg in 50-kg lots.

**Salicylic acid:** 5-ton lot £1.61 kg; 1 ton £1.63 (from March 3).

**Sodium citrate:** Granular £927 metric ton; powder £947 Five-ton contracts £922 for granular—all in lined bags.

**Sodium hydroxide:** Pellets BP 1973 in 50-kg lots £0.82-£1.45 kg.

**Sodium nitrate:** Recrystallised £0.88 kg for 50 kg lots.

**Sodium nitrite:** BPC 1973 £0.94-£1.296 kg as to maker for 50-kg lots.

**Sodium perborate:** (per 1,000 kg) monohydrate £648; tetrahydrate £384.

**Sodium percarbonate:** £507 per metric ton.

**Sodium phosphate:** monobasic BP crystalline £1.28 kg in 50-kg lots.

**Sorbitol:** Powder, £690 metric ton; syrup £315.

**Tartaric acid:** £1,795 per metric ton.

**Zinc acetate:** Pure £1.29 kg in 50-kg lots.

**Zinc carbonate:** Pharmaceutical grade £660 per metric ton.

**Zinc chloride:** Anhydrous powder £450 metric ton, delivered U.K.

### Crude drugs

**Aloes:** Cape £1,080 ton spot; £1,070, cif, Curacao, £2,320, cif, no spot.

**Balsams:** (kg) Canada: unchanged at £12.50 on the spot; shipment £12.35, cif. **Copalba:** £3.05 spot; £2.90, cif. **Peru:** £9.65 spot; £9.55, cif. **Tolu:** £6.15.

**Benzoin:** £210 cwt, cif.

**Cascara:** £1,150 metric ton spot; £1,080, cif.

**Kola nuts:** £485 metric ton spot; £450, cif.

**Menthol:** (kg) Brazilian £5.75 spot; £5.30, cif. Chinese £5.25, spot; £4.60, cif.

**Tonquin beans:** Para £4.25 kg spot; £4.11, cif.

### Essential oils

**Bay:** West Indian £10.25 kg spot and cif.

**Bois de rose:** £7.25 kg spot and cif.

**Cananga Indonesia:** £15.50 kg spot; £14.75, cif.

**Cedarwood:** Chinese £1.25 kg spot; £1.15, cif.

**Citronella:** Ceylon £4 kg spot; £3.35, cif, Chinese spot £3.90 nominal; £3.75, cif.

**Lemongrass:** Cochin £4.50 spot; £4.40, cif.

**Palmarosa:** No spot; £13.50, kg, cif.

**Petitgrain:** Paraguay £7.75 spot; £8.10, cif.

**Spearmint:** Chinese £10 kg spot; £8.75, cif; American £13 spot.

**Thyme:** Red 50-50% £23.50 kg spot; nominal.

**Vetivert:** Java £13.50 kg spot nominal; £13.05, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

## COMING EVENTS

### Monday, March 3

**East Metropolitan Branch, Pharmaceutical Society,** Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, at 8 pm. A talk from Wellcome medical division on "Tropical diseases in the UK".

**Flyde Pharmacy Forum,** Victoria Hospital postgraduate medical centre, Blackpool, at 7.30 pm. Mr R. Wilson presents "An evening with Fisons".

### Wednesday, March 5

**Sheffield Branch, Pharmaceutical Society,** Jessop Hospital lecture theatre, Sheffield, at 8 pm. Mr H. S. Morley on "Impressions of pharmacy and medicine in China".

### Thursday, March 6

**Bradford and Halifax Branch, National Pharmaceutical Association,** Victoria Hotel, Bradford, at 8 pm. Mr E. J. Downing (assistant secretary NPA) on "Computers in pharmacy".

**East Metropolitan Branch, Pharmaceutical Society,** Manor Hall, Chigwell. Annual dinner dance.

**Harrogate Branch, Pharmaceutical Society,** Harrogate General Hospital postgraduate centre, at 8 pm. Dr J. M. Tesh on "The pill".

**Hastings Branch, Pharmaceutical Society and Hastings Branch, National Pharmaceutical Association,** Postgraduate medical centre, Holmesdale Gardens, Hastings, at 8 pm. Mr John Wilford (chairman, National Pharmaceutical Association) on "NPA—a force for pharmacy".

**Hounslow Branch, Pharmaceutical Society,** West Middlesex Hospital lecture theatre, Twickenham Road, Isleworth, at 8 pm. Professor S. S. Davis (Nottingham University) on "An alternative system of medicine: the hakim and his role in the immigrant community".

**Society of Cosmetic Scientists,** Royal Society of Arts, 6 John Adam Street, London WC2, at 7 pm. Medal lecture.

**Thames Valley Pharmacists Association,** Winthrop House, Surbiton, at 8 pm. Annual general meeting followed by Miss Anne Cotton on "An approach to glass engraving".

### Saturday, March 8

**Bedfordshire Branch, Pharmaceutical Society,** Halfway House, 350, Luton Road, Dunstable. Annual dinner dance.

### Sunday, March 9

**West Surrey Branch, Pharmaceutical Society,** Frimley Park Hospital, Camberley, Surrey. One-day conference on "Information services". Applications to Mr D. I. Barron, BIOS Ltd, Pinewood, College Ride, Bagshot, Surrey.

### Advance Information

**Northumbrian Branch, Pharmaceutical Society.** Dinner dance on March 19 at 7.30 pm. Tickets £7.75 each. Applications to Paul Allen, Mawson & Proctor, Kingsway South, TVTE, Gateshead 11.

**Thames Valley Pharmacists Association.** Annual dinner dance on March 19 at 7 pm. Tickets £7.50 each. Applications to D. W. Higgins, 390 Ewell Road, Tolworth, Surrey.

**North London Pharmaceutical Association.** Annual dinner on March 20 at 7.30 pm. Tickets £12.50 each. Speaker David Sharpe (president, Pharmaceutical Society)

**Technical education courses,** Center for Professional Advancement, Postbus 19865, NL-1000 GW, Amsterdam. "High purity process water" March 17-19. "Filtrative sterilisation technology" March 19-21. "Emulsion-suspension technology" March 24-27. "Clinical research for medical devices" March 24-26. How to get to market with medical devices" March 26-28. All courses in English. Fees from \$670 to \$805. Applications to the above address.



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X3 — HAMPSHIRE — Estate business on area with property development. Turnover approximately £82,500. Scripts 1,250 per month. Property on lease with 5½ years to run. Flat possibly available, price £12,500 for goodwill and fixtures plus stock approximately £8,000.

X4 — SOUTH YORKSHIRE — Retirement vacancy, business which dispenses 2,050 scripts per month has scope for development of counter trade. Price £6,000 for property, goodwill, fixtures plus stock at valuation. Ideal opportunity for pharmacist with limited capital.

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- (2) it is in a business employing less than six persons or
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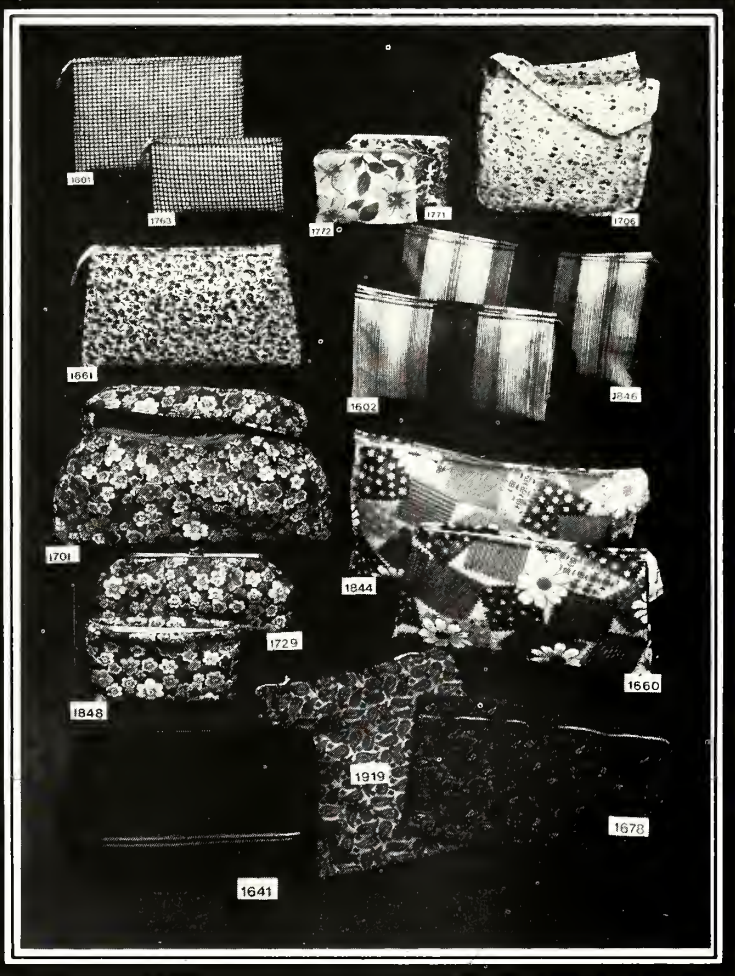
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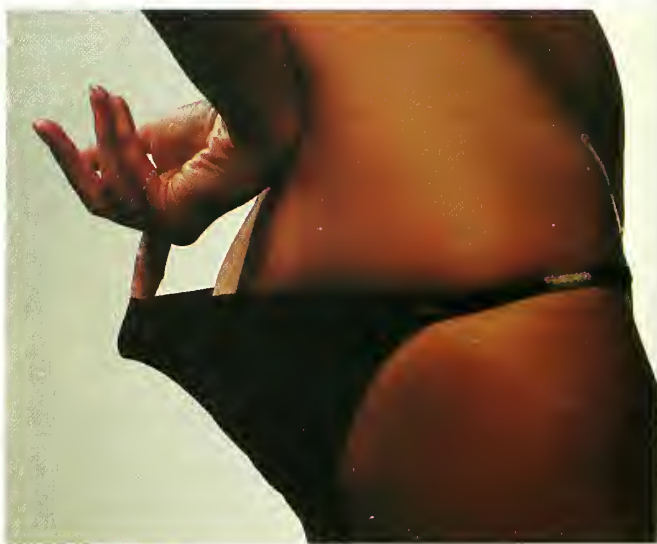


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